

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re	X	
	:	<b>Chapter 11</b>
	:	
RENTPATH HOLDINGS, INC., <i>et al.</i> ,	:	<b>Case No. 20-10312 (BLS)</b>
	:	
	:	
Debtors. <sup>1</sup>	:	<b>(Jointly Administered)</b>
	X	

**SCHEDULE OF ASSETS AND LIABILITIES FOR  
CONSUMER SOURCE HOLDINGS LLC  
CASE NO. 20-10314 (BLS)**

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<sup>1</sup> The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, are: RentPath Holdings, Inc. (1735); RentPath, LLC (7573); Consumer Source Holdings LLC (8150); Discover Home Network, LLC (4311); Easy Media, LLC (5455); Electronic Lead Management, Inc. (4986); Electronic Lead Management MA, Inc. (3113); Electronic Lead Management VA, Inc. (7698); Live Response Solutions Holdings, LLC (0462); Live Response Solutions, LLC (5120); Viva Group Brokerage, Inc. (7156); and Viva Group, LLC (0789). The Debtors' mailing address is 950 East Paces Ferry Road NE, Suite 2600, Atlanta, Georgia 30326.

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<b>Debtors.<sup>1</sup></b>	:	<b>(Jointly Administered)</b>
	:	
	X	

**GLOBAL NOTES AND STATEMENTS OF  
LIMITATIONS, METHODOLOGY, AND DISCLAIMERS  
REGARDING THE DEBTORS' SCHEDULES OF ASSETS  
AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

RentPath Holdings, Inc. and its debtor affiliates, as debtors and debtors in possession (collectively, the “**Debtors**” or “**RentPath**”), are filing their respective Schedules of Assets and Liabilities (each, a “**Schedule**” and, collectively, the “**Schedules**”) and Statements of Financial Affairs (each, a “**Statement**” or “**SOFA**” and, collectively, the “**Statements**” or “**SOFAs**”) with the United States Bankruptcy Court for the District of Delaware (the “**Bankruptcy Court**”) pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These global notes and statements of limitations, methodology and disclaimers regarding the Debtors’ Schedules and Statements (collectively, the “**Global Notes**”) pertain to, are incorporated by reference in, and comprise an integral part of all of the Schedules and Statements. The Global Notes are in addition to the specific notes set forth below with respect to particular Schedules and Statements (the “**Specific Notes**” and, together with the Global Notes, the “**Notes**”). These Global Notes should be referred to, and referenced in connection with, any review of the Schedules and Statements.

The Debtors’ management team prepared the Schedules and Statements with the assistance of their advisors and other professionals and have relied upon the efforts, statements, advice, and representations of personnel of the Debtors and the Debtors’ advisors and other professionals. Given the scale of the Debtors’ businesses, the Debtors’ management, including Mr. Martin, who has executed the Schedules and Statements of each of the Debtors, has not (and practically could

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not have) personally verified the accuracy of each statement and representation in the Schedules and Statements, including, but not limited to, statements and representations concerning amounts owed to creditors.

The Schedules and Statements are unaudited and subject to potential adjustment. In preparing the Schedules and Statements, the Debtors relied on financial data derived from their books and records that was available at the time of preparation. The Debtors' management team and advisors have made reasonable efforts to ensure that the Schedules and Statements are as accurate and complete as possible under the circumstances; however, subsequent information or discovery may result in material changes to the Schedules or Statements and inadvertent errors, omissions, or inaccuracies may exist. Notwithstanding any such discovery, new information, or errors or omissions, the Debtors do not undertake any obligation or commitment to update the Schedules and Statements.

The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, but not limited to, the right to dispute or otherwise assert offsets or defenses to any claim reflected on the Schedules and Statements as to amount, liability, classification, identity of debtor or to otherwise subsequently designate any claim as "disputed," "contingent," or "unliquidated." Furthermore, nothing contained in the Schedules, Statements, or Notes shall constitute a waiver of any of the Debtors' rights or an admission with respect to their chapter 11 cases, including, but not limited to, any issues involving objections to claims, substantive consolidation, equitable subordination, defenses, characterization or re-characterization of contracts and leases, assumption or rejection of contracts and leases under the provisions of chapter 3 of the Bankruptcy Code, causes of action arising under the provisions of chapter 5 of the Bankruptcy Code, or any other relevant applicable laws to recover assets or avoid transfers.

**The Schedules, Statements, and Notes should not be relied upon by any persons for information relating to current or future financial conditions, events, or performance of any of the Debtors or their affiliates.**

1. **Description of the Cases.** The Debtors commenced with this Bankruptcy Court voluntary cases under chapter 11 of the Bankruptcy Code on February 12, 2020 (the "**Petition Date**"). The Debtors are authorized to operate their businesses and manage their properties as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. On February 13, 2020, the Bankruptcy Court entered an order authorizing the joint administration of the cases pursuant to Bankruptcy Rule 1015(b). As of the date hereof, no statutory committee of unsecured creditors has been appointed in these chapter 11 cases.
2. **Basis of Presentation.** For financial reporting purposes, the Debtors generally prepare consolidated financial statements, which include financial information for all of the Debtors. The Schedules and Statements are unaudited and reflect the Debtors' reasonable efforts to report certain financial information of each Debtor on a stand-alone, unconsolidated basis. These Schedules and Statements neither purport to represent financial statements prepared in accordance with Generally

Accepted Accounting Principles in the United States (“GAAP”), nor are they intended to be fully reconciled with the financial statements of each Debtor.

The Debtors attempted to attribute the assets and liabilities, certain required financial information, and various cash disbursements to the proper Debtor entity. However, because the Debtors’ accounting systems, policies, and practices were each developed for consolidated reporting purposes, rather than by individual legal entity, it is possible that not all assets, liabilities, or amounts of cash disbursements have been recorded with the correct legal entity on the Schedules and Statements. Accordingly, the Debtors reserve all rights to supplement and/or amend the Schedules and Statements in this regard.

Each Debtor’s valuation of its assets and reporting of its liabilities shall not constitute an admission that such Debtor was solvent or insolvent on the Petition Date or at any time before or after the Petition Date.

3. **Reporting Date.** Unless otherwise noted, the Schedules and Statements generally reflect the Debtors’ books and records as of the close of business on the business day prior to the Petition Date (February 11, 2020), adjusted for authorized payments under the First Day Orders (as defined herein).
4. **Current Values.** The assets and liabilities of each Debtor are listed on the basis of the book value of the asset or liability in the respective Debtor’s accounting books and records. Unless otherwise noted, the carrying value on the Debtor’s books, rather than the current market value, is reflected in the Schedules and Statements.
5. **Confidentiality.** To protect the privacy of certain parties, including, among others, the Debtors’ employees, board of directors, and customers, certain identifying information, such as mailing addresses, was excluded from the Schedules and SOFAs.<sup>2</sup>
6. **Consolidated Entity Accounts Payable and Disbursement Systems.** As described in the Cash Management Motion,<sup>3</sup> the Debtors utilize an integrated,

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<sup>2</sup> The Debtors’ motion requesting authority to redact the names and addresses of the Debtors’ customers and the home addresses of the Debtors’ current and former employees is currently pending before the Bankruptcy Court. *See Motion of Debtors Pursuant to 11 U.S.C. §§ 105 and 107, Fed. R. Bankr. P. 9018 and Del. Bankr. L.R. 9018-1 for Entry of an Order Authorizing the Debtors to File (I) Portions of the Creditor Matrix Under Seal and (II) the Commercial Information and the Personal Information in Future Filings Under Seal* [Docket No. 7] (the “Creditor Matrix Motion”).

<sup>3</sup> The “Cash Management Motion” means the *Motion of Debtors Pursuant to 11 U.S.C. §§ 105, 345, 363, 364, 503, and 507 and Fed. R. Bankr. P. 6003 and 6004 For Interim and Final Orders (I) Authorizing Debtors to (A) Continue Using Existing Cash Management System, Bank Accounts, and Check Stock, (B) Implement Ordinary Course Changes to Cash Management System, and (C) Honor Certain Related Prepetition Obligations, (II) Providing Administrative Expense Priority For Postpetition Intercompany Claims, (III) Extending Time to Comply With Requirements of 11 U.S.C. § 345(b), and (IV) Granting Related Relief* [Docket No. 14].

centralized cash management system in the ordinary course of business to collect, concentrate, and disburse funds generated by their operations (the “**Cash Management System**”). The Debtors maintain a consolidated accounts payable and disbursements system to pay operating and administrative expenses through various disbursement accounts with RentPath Holdings, Inc. and RentPath, LLC. In the ordinary course of business, the Debtors (including the non-debtor affiliate, RentPath Gives Back Foundation, Inc.) engage in intercompany transactions (the “**Intercompany Transactions**”), which result in intercompany receivables and payables (the “**Intercompany Claims**”). Historically, Intercompany Claims are not settled by actual transfers of cash among the Debtors. Although the Debtors historically did not track Intercompany Claims, the Debtors maintained detailed accounting of revenues and expenses, and the Debtors have the ability to account for historical Intercompany Transactions. As of January 1, 2020, in anticipation of filing these chapter 11 cases, the Debtors implemented a process to track Intercompany Transactions on a go-forward basis.

7. **Accuracy.** Although the Debtors have made good faith reasonable efforts to file complete and accurate Schedules and Statements, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend and/or supplement the Schedules and Statements as is necessary or appropriate. The financial information disclosed herein was not prepared in accordance with federal or state securities laws or other applicable non-bankruptcy law or in lieu of complying with any periodic reporting requirements thereunder. Persons and entities trading in or otherwise purchasing, selling, or transferring the claims against or equity interests in the Debtors should evaluate this financial information in light of the purposes for which it was prepared. The Debtors are not liable for and undertake no responsibility to indicate variations from securities laws or for any evaluations of the Debtors based on this financial information or any other information.
  
8. **Net Book Value of Assets.** In many instances, current market valuations are not maintained by or readily available to the Debtors. It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate resources for the Debtors to obtain current market valuations for all assets. As such, wherever possible, unless otherwise indicated, net book values as of the Petition Date are presented for all assets. When necessary, the Debtors have indicated that the value of certain assets is “Unknown” or “Undetermined.” Amounts ultimately realized may vary materially from net book value (or other value so ascribed). Accordingly, the Debtors reserve all rights to amend, supplement, and adjust the asset values set forth in the Schedules and Statements. As applicable, fixed assets and leasehold improvement assets that fully have been depreciated, amortized or impaired, or were expensed for GAAP accounting purposes, have no net book value, and, therefore, are not included in the Schedules and Statements.
  
9. **Currency.** All amounts shown in the Schedules and Statements are in U.S. Dollars, unless otherwise indicated.

10. **Payment of Prepetition Claims Pursuant to First Day Orders.** Following the Petition Date, the Bankruptcy Court entered various orders (collectively, the “**First Day Orders**”) authorizing the Debtors to, among other things, pay certain prepetition: (i) service fees and charges assessed by the Debtors’ banks and debit and credit card companies; (ii) insurance and surety bond obligations; (iii) obligations to critical vendors; (iv) customer program obligations; (v) employee wages, salaries, and related items (including, but not limited to, employee benefit programs and independent contractor obligations); and (vi) taxes and assessments. Where the Schedules and Statements list creditors and set forth the Debtors’ scheduled amounts attributable to such claims, such scheduled amounts reflect balances owed as of the Petition Date. To the extent any adjustments are necessary for any payments made on account of such claims following the commencement of these chapter 11 cases pursuant to the authority granted to the Debtors by the Bankruptcy Court under the First Day Orders, such adjustments have been included in the Schedules and Statements unless otherwise noted on the applicable Schedule or Statement. The Debtors reserve the right to update the Schedules and Statements to reflect payments made pursuant to the First Day Orders.
  
11. **Other Paid Claims.** To the extent the Debtors have reached any postpetition settlement with a vendor or other creditor, the terms of such settlement will prevail, supersede amounts listed in the Schedules and Statements, and shall be enforceable by all parties, subject to Bankruptcy Court approval. To the extent the Debtors pay any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtors reserve all rights to amend and supplement the Schedules and Statements and take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.
  
12. **Setoffs.** The Debtors routinely incur setoffs from customers and suppliers in the ordinary course of business. Such ordinary course setoffs can arise from various items including, but not limited to, intercompany transactions, billing discrepancies, customer programs, returns, promotional funding, warranties, refunds, and other disputes between the Debtors and their customers and/or suppliers. These routine setoffs are consistent with the ordinary course of business in the Debtors’ industry, and, therefore, can be particularly voluminous, unduly burdensome, and costly for the Debtors to regularly document. Therefore, although such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs are not independently accounted for, and, as such, are excluded from the Schedules and Statements. Any setoff of a prepetition debt to be applied against the Debtors is subject to the automatic stay and must comply with section 553 of the Bankruptcy Code.
  
13. **Accounts Receivable.** The accounts receivable information listed on the Schedules includes receivables from the Debtors’ customers and are calculated net of any amounts that, as of the Petition Date, may be owed to such customers in the

form of offsets or other price adjustments pursuant to the Debtors' customer program policies and day-to-day operating policies and any applicable Bankruptcy Court order.

14. **Interests in Insurance Policies.** The Debtors maintain a portfolio of insurance policies against unforeseen incidents and losses, and describe such policies in the *Motion of Debtors Pursuant to 11 U.S.C. §§ 105(a), 362(d), and 363(b) and Fed. R. Bankr. P. 4001, 6003, and 6004 For Interim and Final Orders (I) Authorizing Debtors to (A) Continue Their Insurance Programs and Surety Bond Program and (B) Pay All Obligations With Respect Thereto, and (II) Granting Related Relief* [Docket No. 9] (the "**Insurance Motion**"). An order granting the relief requested in the Insurance Motion on a final basis was entered on March 10, 2020 [Docket No. 166]. Accordingly, the Debtors do not list their interests in such insurance policies in Schedule A/B Part 11.
15. **Property and Equipment.** Property and equipment (including leasehold improvements) are carried at cost, less accumulated depreciation. Additions and substantial improvements are capitalized and include expenditures that materially extend the useful lives of existing facilities and equipment. Maintenance and repairs that do not materially improve or extend the lives of the respective assets are expensed as incurred. Depreciation expense, which includes depreciation on assets under capital leases, is recorded over the estimated useful lives of the respective assets using the straight-line method for financial statement purposes. The range of lives are generally 20 to 50 years for buildings, 3 to 10 years for furniture, fixtures and equipment, and 3 to 5 years for computer systems and computer equipment. Leasehold improvements are depreciated over the shorter of the associated lease term or the estimated useful life of the asset.
16. **Mechanics' & UCC Liens.** The Debtors are not aware of any filed mechanics' and UCC liens.
17. **Excluded Assets and Liabilities.** Certain liabilities resulting from accruals, liabilities recognized in accordance with GAAP, and/or estimates of long-term liabilities either are not payable at this time or have not yet been reported. Therefore, they do not represent specific claims as of the Petition Date and are not otherwise set forth in the Schedules. Additionally, certain deferred assets, charges, accounts or reserves recorded for GAAP reporting purposes only, and certain assets with a net book value of zero are not included in the Schedules. Excluded categories of assets and liabilities include, but are not limited to, deferred tax assets and liabilities, deferred income, deferred charges, self-insurance reserves, tax reserves, favorable lease rights, and unfavorable lease liabilities. Other immaterial assets and liabilities may have been excluded.
18. **Reservation of Rights.** Nothing contained in the Schedules, Statements, or Notes shall constitute a waiver of rights with respect to these chapter 11 cases, including, but not limited to, the following:

- a. Any failure to designate a claim listed on the Schedules and Statements as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by the Debtors that such amount is not “disputed,” “contingent,” or “unliquidated.” The Debtors reserve the right to dispute and to assert setoff rights, counterclaims, and defenses to any claim reflected on its Schedules as to amount, liability, and classification, and to otherwise subsequently designate any claim as “disputed,” “contingent,” or “unliquidated.”
- b. The description of an amount as “unknown” or “undetermined” is not intended to reflect upon the materiality of such amount.
- c. The listing of a claim does not constitute an admission of liability by the Debtors, and the Debtors reserve the right to amend the Schedules accordingly.
- d. The listing of a claim (i) on Schedule D as “secured,” (ii) on Schedule E/F as either “priority,” or “unsecured priority,” or (iii) listing a contract or lease on Schedule G as “executory” or “unexpired” does not constitute an admission by the Debtors of the legal rights of the claimant, or a waiver of the Debtors’ rights to recharacterize or reclassify such claim or contract pursuant to a schedule amendment, claim objection or otherwise. Moreover, although the Debtors may have scheduled claims of various creditors as secured claims for informational purposes, no current valuation of the Debtors’ assets in which such creditors may have a security interest has been undertaken. Except as provided in an order of the Bankruptcy Court, the Debtors reserve all rights to dispute and challenge the secured nature or amount of any such creditor’s claims or the characterization of the structure of any transaction, or any document or instrument related to such creditor’s claim.
- e. In the ordinary course of their business, the Debtors lease property from certain third-party lessors for use in the daily operation of their business. Any such leases are set forth in Schedule G and any current amount due under such leases that was outstanding as of the Petition Date is listed on Schedule E/F. The property subject to any of such leases is not reflected in Schedule A/B as either owned property or assets of the Debtors nor is such property reflected in the Debtors’ SOFAs as property or assets of third parties within the control of the Debtors. Nothing in the Statements or Schedules is or shall be construed as an admission or determination as to the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtors reserve all rights with respect to any of such issues, including, but not limited to, the recharacterization thereof.
- f. The claims of individual creditors for, among other things, goods, products, services, or taxes are listed as the amounts entered on the Debtors’ books and records and may not reflect credits, allowances, or other adjustments due from such creditors to the Debtors. The Debtors reserve all of their rights with regard



to such credits, allowances, and other adjustments, including but not limited to, the right to assert claims objections and/or setoffs with respect to the same.

- g. The Debtors' businesses are part of a complex enterprise. Although the Debtors have exercised their reasonable efforts to ensure the accuracy of their Schedules and Statements, they nevertheless may contain errors and omissions. The Debtors hereby reserve all of their rights to dispute the validity, status, and enforceability of any contracts, agreements, and leases set forth on the Schedules and Statements, and to amend and supplement the Schedules and Statements as necessary.
- h. The Debtors further reserve all of their rights, claims, and causes of action with respect to the contracts and agreements listed on the Schedules and Statements, including, but not limited to, the right to dispute and challenge the characterization or the structure of any transaction, document, and instrument related to a creditor's claim.
- i. The Debtors exercised their reasonable efforts to locate and identify guarantees and other secondary liability claims (the "**Guarantees**") in their secured financings, debt instruments, and other agreements. However, a review of these agreements, specifically the Debtors' unexpired leases and executory contracts, is ongoing. Where such Guarantees have been identified, they are included in the relevant Schedules and Statements. Guarantees embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other agreements inadvertently may have been omitted. The Debtors have reflected the obligations under the Guarantees for both the primary obligor and the guarantors with respect to their secured financings and debt instruments on Schedule H. Guarantees with respect to the Debtors' executory contracts and unexpired leases are not included on Schedule H and the Debtors believe that certain Guarantees embedded in the Debtors' executory contracts, unexpired leases, secured financing, debt instruments and similar agreements may exist and, to the extent they do, will be identified upon further review.
- j. Listing a contract or lease on the Schedules and Statements shall not be deemed an admission that such contract is an executory contract, such lease is an unexpired lease, or that either necessarily is a binding, valid, and enforceable contract. The Debtors hereby expressly reserve the right to assert that any contract listed on the Schedules and Statements does not constitute an executory contract within the meaning of section 365 of the Bankruptcy Code, as well as the right to assert that any lease so listed does not constitute an unexpired lease within the meaning of section 365 of the Bankruptcy Code.
- k. To timely close the books and records of the Debtors as of the Petition Date and to prepare such information on a legal entity basis, the Debtors were required to make certain estimates and assumptions that affect the reported amounts of assets and liabilities and reported revenue and expenses as of the Petition Date.

19. **Totals.** All totals that are included in the Schedules and Statements represent totals of all the known amounts included in the Schedules and Statements and exclude items identified as “unknown” or “undetermined.” If there are unknown or undetermined amounts, the actual totals may be materially different from the listed totals.
20. **Global Notes Control.** In the event that the Schedules or Statements differ from any of the foregoing Global Notes, the Global Notes shall control.

**Specific Notes with Respect to the Debtors' Schedules of Assets and Liabilities**

1. **Schedule-Specific Disclosures.** Each of Schedules A/B, D, E/F, G, and H contain explanatory or qualifying notes that pertain to the information provided in the Schedules. Those Schedule-specific notes are incorporated herein by reference. The asset totals listed on the Schedules represent all known amounts included in the Debtors' books and records as of the Petition Date. To the extent there are unknown or undetermined amounts, the actual total may be different from the total listed.
2. **Schedules A/B**
  - a. **Part 1.** The Debtors' Cash Management System is comprised of nine (9) bank accounts consisting of the following: (i) two (2) collection accounts into which cash and other receivables generated from the Debtors' operations are deposited; (ii) two (2) disbursement accounts for designated disbursements; (iii) two (2) hybrid accounts that are both collection accounts and disbursement accounts; (iv) one (1) cash collateral account in connection with the Debtors' corporate credit card program; (v) one (1) adequate assurance account holding funds for the benefit of the Debtors' utility providers; and (vi) one (1) auxiliary account, which is dormant and had no balance as of the Petition Date (collectively, the "**Bank Accounts**"). The Debtors also maintain one (1) lockbox where all customer checks are directed. The balances provided for each Bank Account are as of the Petition Date. Further details with respect to the Cash Management System are provided in the Cash Management Motion.
  - b. **Part 2.** The Debtors maintain certain lease deposits in the conduct of their business operations, which are included in the Schedules for the appropriate legal entity. Certain prepaid or amortized assets are listed in Part 2 in accordance with the Debtors' books and records. The amounts listed in Part 2 do not necessarily reflect values that the Debtors will be able to collect or realize. The amounts listed in Part 2 include, among other things, prepaid taxes, prepaid insurance, and prepaid employee expenses.
  - c. **Part 3.** The Debtors' accounts receivable information includes receivables from the Debtors' customers, vendors, or third parties, which are calculated net of any amounts that, as of the Petition Date, may be owed to such parties in the form of offsets or other price adjustments pursuant to the Debtors' customer programs and day-to-day operations or may, in the Debtors' opinion, be difficult to collect from such parties due to the passage of time or other circumstances. The Debtors indicate the age of accounts receivables in these Schedules and Statements for the applicable Debtor. The accounts receivable balances in this section exclude intercompany receivables.

In January 2020, the Debtors implemented a new accounting system in anticipation of filing these chapter 11 cases. At the time of the implementation of the new accounting system, however, the Debtors did not list separate opening balances for each Debtor's intercompany receivables or payables with the other Debtors. As a result, the Debtors cannot state with certainty which portion of any Debtor's opening intercompany balance related to any other Debtor as of the date the accounting system was implemented and have excluded intercompany receivables and payables from the Schedules. The Debtors have included net intercompany receivables related to ordinary course intercompany transactions among the Debtors and the one non-Debtor affiliate (RentPath Gives Back Foundation, Inc.) on the Schedules.

As stated in the Cash Management Motion, the Debtors have tracked intercompany transactions on a postpetition basis on a Debtor-by-Debtor basis.

- d. **Part 4.** Any of the Debtors' ownership interests in subsidiaries, partnerships, and joint ventures are listed in Schedule A/B, Part 4 as unknown amounts because the fair market value of such interests is dependent on numerous variables and factors and may differ significantly from the net book value.
- e. **Part 7.** The Debtors have identified owned office furniture, fixtures, and equipment. Actual realizable values may vary significantly relative to net book values as of the Petition Date.
- f. **Part 8.** Actual realizable values of the identified leasehold improvements may vary significantly relative to net book values as of the Petition Date.
- g. **Part 9.** Property leased by the Debtors is listed in Schedule G and is not listed in Part 9 of Schedule A/B, with the exception of any lease or security deposits for such property, which is listed on Schedule A/B. The Debtors reserve all rights to re-characterize their interests in real property at a later date.
- h. **Part 10.** Part 10 identifies, among other things, advertiser lists, websites, and various trademarks owned and maintained by the Debtors. The Schedules list the net book values of intangible assets as of January 31, 2020 although such values may not be reflective of realizable values. Certain of the Debtors have customer information from ordinary course business activities which contains personally identifiable information (as defined in 11 U.S.C. Sections 101(41A) and 107). This information is not included in the Schedules. As of the Petition Date, the Debtors' books and records included balances for various intangible assets.
- i. **Part 11. *Other contingent and unliquidated claims or causes of action of every nature.*** In the ordinary course of business, the Debtors may have accrued, or may subsequently accrue, certain rights to counterclaims, cross-claims, setoffs, refunds with their customers and suppliers, and potential

warranty claims against their suppliers, among other claims. Additionally, certain of the Debtors may be party to pending litigation in which the Debtors have asserted, or may assert, claims as plaintiffs, or counter-claims and/or cross-claims as defendants. Such litigation is listed on SOFA 7.

Despite exercising their reasonable efforts to identify all such assets, the Debtors may not have listed all of their causes of action or potential causes of action against third parties as assets in their Schedules including, but not limited to, avoidance actions arising under chapter 5 of the Bankruptcy Code and actions under other relevant non-bankruptcy laws to recover assets. The Debtors reserve all of their rights with respect to any claims, causes of action, or avoidance actions they may have and neither these Notes nor the Schedules shall be deemed a waiver of any such claims, causes of action, or avoidance actions or in any way prejudice or impair the assertion of such claims.

3. **Schedule D.** The claims listed on Schedule D, as well as the guarantees of those claims listed on Schedule H, arose and were incurred on various dates. To the best of the Debtors' knowledge, all claims listed on Schedule D arose, or were incurred before the Petition Date.

Except as otherwise agreed or stated pursuant to a stipulation, agreed order, or general order entered by the Bankruptcy Court that is or becomes final, the Debtors and/or their estates reserve their right to dispute and challenge the validity, perfection, or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a creditor listed on Schedule D of any Debtor and, subject to the foregoing limitations, note as follows: (a) although the Debtors may have scheduled claims of various creditors as secured claims for informational purposes, no current valuation of the Debtors' assets in which such creditors may have a lien has been undertaken; and (b) the descriptions provided on Schedule D are intended to be a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of any liens. Detailed descriptions of the Debtors' prepetition debt structure, guarantees, and descriptions of collateral relating to each debt contained on Schedule D are contained in the *Declaration of Richard Martin in Support of Debtors' Chapter 11 Petitions and First Day Relief* [Docket No. 17] (the "**Martin Declaration**"). Except as specifically stated herein, real property lessors, equipment lessors, utility companies, and other parties which may hold security deposits or other security interests have not been listed on Schedule D.

The Debtors have not listed on Schedule D any parties whose claims may be secured through rights of setoff, deposits, or advance payments posted by, or on behalf of, the Debtors, or judgment or statutory lien rights. The Debtors have not investigated which of the claims may include such rights, and their population is currently unknown.

4. **Schedules E/F**

- a. **Part 1.** The claims listed on Part 1 arose and were incurred on various dates. A determination of the date upon which each claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, no such dates are included for each claim listed on Part 1. To the best of the Debtors' knowledge, all claims listed on Part 1 arose or were incurred before the Petition Date.

The Debtors have not listed any wage or wage-related obligations that the Debtors have paid pursuant to the First Day Orders on Part 1. The Debtors believe that all such claims for wages, salaries, expenses, benefits and other compensation as described in the First Day Orders have been or will be satisfied in the ordinary course during these chapter 11 cases pursuant to the authority granted to the Debtors in the relevant First Day Orders. The Debtors reserve their right to dispute or challenge whether creditors listed on Part 1 are entitled to priority claims under the Bankruptcy Code.

Claims owing to various taxing authorities to which the Debtors potentially may be liable are included on Part 1. Certain of such claims, however, may be subject to ongoing audits and/or the Debtors may otherwise be unable to determine with certainty the amount of the remaining claims listed on Part 1. Therefore, the Debtors have listed all such claims as contingent and unliquidated, pending final resolution of ongoing audits or other outstanding issues.

- b. **Part 2.** The Debtors have exercised their reasonable efforts to list all liabilities on Part 2 of each applicable Debtor's Schedule. As a result of the Debtors' consolidated operations, however, Part 2 for each Debtor should be reviewed in these cases for a complete understanding of the unsecured claims against the Debtors. Certain creditors listed on Part 2 may owe amounts to the Debtors, and, as such, the Debtors may have valid setoff and recoupment rights with respect to such amounts. The amounts listed on Part 2 may not reflect any such right of setoff or recoupment, and the Debtors reserve all rights to assert the same and to dispute and challenge any setoff and/or recoupment rights that may be asserted against the Debtors by a creditor. Additionally, certain creditors may assert mechanics' or other similar liens against the Debtors for amounts listed on Part 2. The Debtors reserve their right to dispute and challenge the validity, perfection, and immunity from avoidance of any lien purported to be perfected by a creditor listed on Part 2 of any Debtor. In addition, certain claims listed on Part 2 may potentially be entitled to priority under 11 U.S.C. § 503(b)(9).

The Debtors reserve their right to dispute or challenge the validity, perfection or immunity from avoidance of any lien purported to be perfected by a creditor listed on Schedule E/F of any Debtor. In addition, the Debtors reserve their

right to dispute or challenge any priority asserted with respect to any liabilities listed on Schedule E/F. The Debtors have made reasonable efforts to include all unsecured creditors on Part 2 including, but not limited to, trade creditors, landlords, utility companies, consultants, and other service providers. The Debtors, however, believe the possibility exists that there are instances where creditors have yet to provide proper invoices for prepetition goods or services. While the Debtors maintain general accruals to account for these liabilities in accordance with GAAP, these amounts are estimates and have not been included on Part 2.

The Debtors' accounting system tracks vendors using a unique supplier ID assigned to each vendor. Because many vendors service multiple business areas for the Debtors, there may be instances in which the same vendor has been assigned multiple supplier IDs and variations of the vendor's name. For purposes of Part 2, the Debtors have not aggregated all claims of such vendors with multiple supplier IDs and/or names. Rather, the Debtors have separately listed the claims of such vendors under each supplier ID and name and should not be construed as giving rise to duplicate claims to a vendor for the same services or goods delivered to a Debtor. However, instances may exist where not all such claims have been identified and the Debtors may have separately listed potentially duplicative claims of such vendors under multiple supplier IDs.

Unless otherwise noted, the claims listed on Part 2 are based on the Debtors' books and records as of the business day prior to the Petition Date. The Debtors are aware of two workers' compensation claims existing as of the Petition Date.

Part 2 does not include certain balances including deferred liabilities, accruals, or reserves. Such amounts are, however, reflected on the Debtors' books and records as required in accordance with GAAP. Such accruals primarily represent estimates of liabilities and do not represent specific claims as of the Petition Date.

Part 2 does not include reserves for liabilities that may have arisen under litigation in which a Debtor is a defendant unless there is a final judgment or a settlement agreement.

Approximately 6,000 customer agreements are excluded from Part 2 due to their voluminous nature and in order to protect such commercially sensitive information.<sup>4</sup> Such customers represent both current and former customers of the Debtors that may be owed customer refunds as of the Petition Date. Such claims are subject to ongoing reconciliation and as such, inclusion on Part 2 does not constitute an admission that a customer refund is due and owing. The Debtors have listed all such claims as contingent, unliquidated, and disputed, pending final reconciliation.

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<sup>4</sup> The Debtors' motion requesting authority to redact the names and addresses of the Debtors' customers is currently pending before the Bankruptcy Court. *See* Creditor Matrix Motion.

The claims of individual creditors may not reflect credits and/or allowances due from creditors to the applicable Debtor. The Debtors reserve all of their rights with respect to any such credits and/or allowances, including the right to assert objections and/or setoffs or recoupments with respect to same.

The Bankruptcy Court has authorized the Debtors to pay, in their discretion, certain non-priority unsecured claims pursuant to the First Day Orders. To the extent practicable, each Debtor's Schedule E/F is intended to reflect the balance as of the Petition Date, adjusted for postpetition payments made under some or all of the First Day Orders. Each Debtor's Schedule E/F will reflect some of that Debtor's payment of certain claims pursuant to the First Day Orders, and, to the extent an unsecured claim has been paid or may be paid, it is possible such claim is not included on Schedule E/F. Certain Debtors may pay additional claims listed on Schedule E/F during these chapter 11 cases pursuant to the First Day Orders and other orders of the Bankruptcy Court and the Debtors reserve all of their rights to update Schedule E/F to reflect such payments or to modify the claims register to account for the satisfaction of such claims. Additionally, Schedule E/F does not include potential rejection damage claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

5. **Schedule G.** Although reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases (collectively, the "**Agreements**"), the Debtors' review process of the Agreements is ongoing and inadvertent errors, omissions, or over-inclusion may have occurred. The Debtors may have entered into various other types of Agreements in the ordinary course of their businesses, such as indemnity agreements, supplemental agreements, amendments/letter agreements, and confidentiality agreements which may not be set forth in Schedule G. Omission of a contract or agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. Schedule G may be amended at any time to add any omitted Agreements. Likewise, the listing of an Agreement on Schedule G does not constitute an admission that such Agreement is an executory contract or unexpired lease or that such Agreement was in effect on the Petition Date or is valid or enforceable. The Agreements listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters and other documents, instruments, and agreements which may not be listed on Schedule G.

Executory contracts for short-term service orders that are oral in nature have not been included in Schedule G. Executory contracts that expired between the Petition Date and the filing of these Schedules are also excluded from Schedule G.

Certain of the Agreements listed on Schedule G may have been entered into by or on behalf of more than one of the Debtors. Additionally, the specific Debtor obligor(s) to certain of the Agreements could not be specifically ascertained in



every circumstance. In such cases, the Debtors have made reasonable efforts to identify the correct Debtor's Schedule G on which to list the Agreement.

6. **Schedule H.** The Debtors are party to various debt agreements which were executed by multiple Debtors. The guaranty obligations under prepetition secured credit agreements are noted on Schedule H for each individual Debtor. In the ordinary course of their businesses, the Debtors are involved in pending or threatened litigation and claims arising out of the conduct of their businesses. Some of these matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-claims and counter-claims against other parties. To the extent such claims are listed elsewhere in the Schedules of each applicable Debtor, they have not been set forth individually on Schedule H. In the event that two or more Debtors are co-obligors with respect to a scheduled debt or guaranty, such debt or guaranty is listed in the Schedules and Statements of each such Debtor at the full amount of such potential claim, and such claim is marked "contingent" and "unliquidated." No claim set forth on the Schedules and Statements of any Debtor is intended to acknowledge claims of creditors that are otherwise satisfied or discharged by other Debtors or non-Debtors. To the extent these Notes include notes specific to Schedules D-G, such Notes also apply to the co-Debtors listed in Schedule H. The Debtors reserve all of their rights to amend the Schedules to the extent that additional guarantees are identified or such guarantees are discovered to have expired or be unenforceable.

**Specific Notes with Respect to the Debtors' Statements of Financial Affairs**

1. **SOFA 1.** The income stated in the Debtors' response to SOFA 1 is consistent with the consolidated sales disclosed in compliance with GAAP. The Debtors' fiscal year ends on the last day of each calendar year:
  - **FY 2018:** Comprised of 52 weeks ending December 31, 2018.
  - **FY 2019:** Comprised of 52 weeks ending December 31, 2019.
  - **Stub Period 2020:** Comprised of approximately one and a half months ending February 11, 2020.
2. **SOFA 3.** The Debtors are a digital marketing solutions company that maximizes the return on property managers' marketing spend by linking property managers with prospective renters and simplifying the residential rental experience. As described in the Cash Management Motion, the Debtors utilize their integrated, centralized Cash Management System to collect, concentrate, and disburse funds generated by their operations. The obligations of the Debtors are primarily paid by and through RentPath Holdings, Inc. and RentPath, LLC notwithstanding that certain obligations may be obligations of one or more of the Debtors as described in the Cash Management Motion.

The payments disclosed in SOFA 3 are based on payments made by the Debtors with payment dates from November 13, 2019 to February 11, 2020. The response to SOFA 3 excludes regular salary payments and disbursements or transfers listed on SOFA 4. Amounts still owed to creditors will appear on the Schedules for each Debtor, as applicable.

All payments for services of any entities that provided consultation concerning debt counseling or restructuring services, relief under the Bankruptcy Code, or preparation of a petition in bankruptcy within one year immediately preceding the Petition Date are listed on SOFA 11 and excluded from SOFA 3.

3. **SOFA 4.** For purposes of the Schedules and Statements, the Debtors define insiders as (a) officers, directors, and anyone in control of a corporate debtor and their relatives; and (b) affiliates of the Debtor and insiders of such affiliates. Individuals listed in the Statements as insiders have been included for informational purposes only. The Debtors do not take any position with respect to (i) such individual's influence over the control of the Debtors; (ii) the management responsibilities or functions of such individual; (iii) the decision-making or corporate authority of such individual; or (iv) whether such individual could successfully argue that he or she is not an insider under applicable law, including, without limitation, the federal securities laws, or with respect to any theories of liability or for any other purpose. As such, the Debtors reserve all rights to dispute whether someone identified is in fact an "insider" as defined in section 101(31) of the Bankruptcy Code. For more information regarding each

Debtor's officers and directors, please see SOFA 28 and SOFA 29.

Transfers made to non-Debtor affiliates are listed on SOFA 4. Home addresses for directors, former directors, employees, and former employees identified as insiders have not been included in the Statements for privacy reasons.<sup>5</sup> Amounts still owed to creditors will appear on the Schedules for each of the Debtors, as applicable. Transfers listed on SOFA 4 are excluded from SOFA 3.

4. **SOFA 6.** The Debtors incur certain offsets and other similar rights in the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, billing discrepancies, overpayments, returns, and other disputes between the Debtors and their customers, vendors, and contract counterparties. These offsets and other similar rights are consistent with the ordinary course of business in the Debtors' industry and are not tracked separately.
5. **SOFA 7.** Information provided on SOFA 7 includes only those legal disputes and administrative proceedings that are formally recognized by an administrative, judicial, or other adjudicative forum. While the Debtors believe they were diligent in their efforts, it is possible that certain suits and proceedings may have been inadvertently excluded in the Debtors' response to SOFA 7. The Debtors reserve all of their rights to amend or supplement their response to SOFA 7.
6. **SOFA 9.** The donations and/or charitable contributions listed in response to SOFA 9 represent payments made to third parties during the applicable timeframe that were recorded as such within the Debtors' books and records.
7. **SOFA 11.** All payments for services of any entities that provided consultation concerning debt counseling or restructuring services, relief under the Bankruptcy Code, or preparation of a petition in bankruptcy within one year immediately preceding the Petition Date are listed on the applicable Debtor's response to SOFA 11. Additional information regarding the Debtors' retention of professional service firms is more fully described in individual retention applications and related orders. In addition, the Debtors have listed payments made to professionals retained by the Debtors but not payments made to advisors of their lenders or other parties.
8. **SOFA 13.** This SOFA includes certain transfers to American Express. Prior to the Petition Date, at the request of American Express, the Debtors prepaid certain obligations related to the AMEX Cards (as defined in the Wage Motion)<sup>6</sup> in the amount of \$200,000. American Express placed such funds into a certificate of

<sup>5</sup> The Debtors' motion requesting authority to redact the home addresses of the Debtors' current and former employees is currently pending before the Bankruptcy Court. *See* Creditor Matrix Motion.

<sup>6</sup> The "**Wage Motion**" means the *Motion of Debtors Pursuant to 11 U.S.C. §§ 105(a), 363(b), and 507(a) and Fed. R. Bankr. P. 6003 and 6004 for Interim and Final Orders (I) Authorizing Debtors to (A) Pay Prepetition Wages, Salaries, Employee Benefits, and Other Compensation, (B) Maintain Employee Benefit Programs and Pay Related Obligations and (C) Pay Prepetition Employee Expenses and (II) Granting Related Relief* [Docket No. 16].

deposit account at American Express National Bank (the “**AMEX Collateral Account**”) to collateralize the Debtors’ obligations related to the AMEX Cards. The balance of the AMEX Collateral Account has remained static at approximately \$200,000 since the AMEX Collateral Account was opened in December 2019. As stated in the Cash Management Motion and the Wage Motion, the Debtors do not anticipate that they will be required to post additional cash collateral to American Express during the pendency of these chapter 11 cases. To the extent such additional cash collateral becomes necessary, the Debtors will seek authority from the Bankruptcy Court before taking any action with respect thereto.

9. **SOFA 16.** Subject to the Debtors’ privacy policy, the Debtors collect a limited amount of information about consumers via their website portals and mobile applications, over the telephone, or in person in order to provide services to consumers and inform them of new products and services. The Debtors also collect personally identifiable information from consumers in certain instances. Examples of the types of information collected by the Debtors include, among other things, name, mailing address, telephone number, email address, and credit card number. The Debtors retain such information as long as is necessary for the Debtors to comply with business, tax, and legal requirements.
10. **SOFA 20.** The Debtors utilize Iron Mountain Storage Facilities (“**Iron Mountain**”) to retain records. Iron Mountain has various store locations across the United States and the Debtors maintain specific Iron Mountain addresses that are listed in SOFA 20.
11. **SOFA 21.** In the ordinary course of business, the Debtors utilize leased property in the conduct of their business. Such leases are listed on Schedule G.
12. **SOFA 25.** The Debtors have used their reasonable efforts to identify the beginning and ending dates of all businesses in which the Debtors were a partner or owned five percent or more of the voting or equity securities within the six years immediately preceding the Petition Date.
13. **SOFA 26.** The Debtors provided financial statements in the ordinary course of business to certain parties for business, statutory, credit, financing and other reasons. Recipients include, among others, regulatory agencies, financial institutions, investment banks, equityholders, debtholders, and their legal and financial advisors. Financial statements have also been provided to other parties as requested, subject to customary non-disclosure requirements where applicable.
14. **SOFA 28.** For each entity, the Debtors have included individuals identified as of the Petition Date as directors, officers, members, or managers, as applicable, of such entity in the Debtors’ recordkeeping systems or, if no individuals were identified, an entity member, as applicable.

15. **SOFA 29.** The disclosures relate specifically to terminated job titles or positions and are not indicative of the individuals' current employment status with the Debtors. For each entity, the Debtors have included the individuals who, during the applicable period, were identified as directors and officers of such entity in the Debtors' recordkeeping systems.
16. **SOFA 30.** Any and all known disbursements to insiders have been listed in response to SOFA 4.
17. **SOFA 31.** Various Debtor limited liability companies (each, an "LLC") are disregarded for tax purposes. Income generated by an LLC is consolidated at a higher reporting unit level.

**Fill in this information to identify the case:**Debtor name **Consumer Source Holdings LLC**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **20-10314**☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **1,249,000.00****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **1,249,000.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **702,956,603.12****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **12,097.95****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **0.00****4. Total liabilities** .....  
Lines 2 + 3a + 3b\$ **702,968,701.07**

**Fill in this information to identify the case:**Debtor name **Consumer Source Holdings LLC**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **20-10314**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **PNC Bank****Payroll Account****9341****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$0.00****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. **Various; Prepaid Payroll Related****\$1,038,000.00**8.2. **Various; Prepaid Insurance****\$151,000.00**

Debtor Consumer Source Holdings LLC  
NameCase number (If known) 20-103148.3. **Various; Medical Expense****\$10,000.00****9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$1,199,000.00****Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.  
☐ Yes Fill in the information below.

**Part 4: Investments****13. Does the debtor own any investments?**

- ☐ No. Go to Part 5.  
☒ Yes Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14.	<b>Mutual funds or publicly traded stocks not included in Part 1</b> Name of fund or stock:		
15.	<b>Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture</b> Name of entity:	% of ownership	
15.1.	<b>Electronic Lead Management, Inc.</b>	<b>100</b> %	<b>Unknown</b>

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**  
Describe:**17. Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

**\$0.00****Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.  
☐ Yes Fill in the information below.



Debtor Consumer Source Holdings LLC  
NameCase number (If known) 20-10314**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
- ☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
- ☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
- ☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes Fill in the information below.

Current value of  
debtor's interest71. **Notes receivable**  
Description (include name of obligor)72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)State Refunds OutstandingTax year 2013\$40,000.00Local Refunds OutstandingTax year 2013\$10,000.0073. **Interests in insurance policies or annuities**See Global NotesUnknown74. **Causes of action against third parties (whether or not a lawsuit has been filed)**See Global NotesUnknown

Nature of claim

Amount requested

\$0.0075. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

Debtor Consumer Source Holdings LLC  
NameCase number (If known) 20-10314**See Global Notes****Unknown****Nature of claim****Amount requested****\$0.00**76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$50,000.00**79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor **Consumer Source Holdings LLC**  
NameCase number (If known) **20-10314****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$0.00</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$1,199,000.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$0.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+\$50,000.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$1,249,000.00</b>	<b>91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$1,249,000.00</b>

**Fill in this information to identify the case:**Debtor name **Consumer Source Holdings LLC**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **20-10314**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>Nomura Global Financial Products Inc.</b> Creditor's Name <b>Worldwide Plaza</b> <b>309 West 49th Street</b> <b>New York, NY 10019-7316</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> <b>4/10/2017</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien  Describe the lien <b>Guarantor</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,381,109.00</b>	<b>Unknown</b>

2.2	<b>Royal Bank of Canada</b> Creditor's Name <b>2nd Fl.</b> <b>Royal Bank Plaza, 200 Bay Street</b> <b>Toronto, ON, M5J 2W7, Canada</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> <b>4/4/2017</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>	Describe debtor's property that is subject to a lien  Describe the lien <b>Guarantor</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply	<b>\$2,391,133.00</b>	<b>Unknown</b>
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Debtor **Consumer Source Holdings LLC**Case number (if know) **20-10314**

Name

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☒ Unliquidated☐ Disputed

2.3

**Royal Bank of Canada (RBC)**

Creditor's Name

**20 King Street West  
4th Floor  
Toronto, ON, M5H 1C4  
Canada**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****12/17/2014****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$524,320,402.79****Unknown**

Describe the lien

**Guarantor**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Creditors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed

2.4

**Wilmington Savings Fund Society (WSFS)**

Creditor's Name

**WSFS Bank Center  
500 Delaware Ave  
Wilmington, DE 19801**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****12/17/2014****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$173,863,958.33****Unknown**

Describe the lien

**Guarantor**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Creditors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$702,956,603.12****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Fill in this information to identify the case:**Debtor name **Consumer Source Holdings LLC**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **20-10314**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address  
**Alabama Department of Revenue  
 Income Tax Division Withholding  
 Tax Sect  
 P O Box 327488  
 Montgomery, AL 36132-7488**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

*Check all that apply.*☒ Contingent☒ Unliquidated☒ Disputed

Basis for the claim:

**Withholding**

Is the claim subject to offset?

☒ No☐ Yes

Total claim Priority amount

**Unknown****Unknown**

2.2 Priority creditor's name and mailing address  
**Alabama Department of Revenue  
 Individual and Corporate Tax  
 Division  
 Business Privilege Tax Section  
 P.O. Box 327320  
 Montgomery, AL 36132-7320**

Date or dates debt was incurred

Last 4 digits of account number **8150**

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

*Check all that apply.*☒ Contingent☒ Unliquidated☒ Disputed

Basis for the claim:

**Franchise Taxes**

Is the claim subject to offset?

☒ No☐ Yes**Unknown****Unknown**

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.3	<p>Priority creditor's name and mailing address</p> <p><b>Alabama Department of Revenue Sales &amp; Use Tax Division P.O. Box 327710 Montgomery, AL 36132-7710</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <b>9603</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Sales/Use Taxes</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.4	<p>Priority creditor's name and mailing address</p> <p><b>Alabama Department of Revenue Sales &amp; Use Tax Division P.O. Box 327710 Montgomery, AL 36132-7710</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <b>6590</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Sales/Use Taxes</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.5	<p>Priority creditor's name and mailing address</p> <p><b>Alabama Secretary of State PO Box 5616 Montgomery, AL 36103-5616</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Secretary of State/Authority to do Business</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.6	<p>Priority creditor's name and mailing address</p> <p><b>Arizona Department of Revenue Arizona Department of Revenue PO Box 29010 Phoenix, AZ 85038-9010</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <b>2249</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Transaction Privilege/Sales/Use Taxes</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>\$189.50</b></p> <p><b>\$189.50</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.7	<p>Priority creditor's name and mailing address</p> <p><b>Arizona Department of Revenue Withholding Division 1600 W Monroe Phoenix, AZ 85007</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.8	<p>Priority creditor's name and mailing address</p> <p><b>Arkansas Department of Finance Arkansas Department of Finance PO Box 1272 Little Rock, AR 72203</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>8SLS</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.9	<p>Priority creditor's name and mailing address</p> <p><b>Arkansas Dept of Finance and Administrat P O Box 3625 Little Rock, AR 72203-3628</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.10	<p>Priority creditor's name and mailing address</p> <p><b>Arkansas Secretary of State Ste. 250, Victory Building 1401 West Capitol Ave Little Rock, AR 72201</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>



Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.11	Priority creditor's name and mailing address <b>Berkheimer Associates</b> <b>Hanover Township LST</b> <b>P O Box 25156</b> <b>Lehigh, PA 18002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Local Services Tax</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.12	Priority creditor's name and mailing address <b>Berkheimer Associates</b> <b>Middletown Township LST</b> <b>P O Box 25156</b> <b>Lehigh, PA 18002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Local Services Tax</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.13	Priority creditor's name and mailing address <b>Berkheimer Associates</b> <b>Plymouth</b> <b>P O Box 25132</b> <b>Lehigh, PA 18002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Township</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.14	Priority creditor's name and mailing address <b>Berkheimer Associates</b> <b>Seven Fields</b> <b>P O Box 25156</b> <b>Lehigh Valley, PA 18002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.15	<p>Priority creditor's name and mailing address</p> <p><b>Berkheimer Associates</b>  <b>Upper Dublin</b>  <b>P O Box 25156</b>  <b>Lehigh Valley, PA 18002</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:  <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.16	<p>Priority creditor's name and mailing address</p> <p><b>Berkheimer Associates</b>  <b>Lower Merion Township</b>  <b>P O Box 25132</b>  <b>Lehigh, PA 18002</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:  <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.17	<p>Priority creditor's name and mailing address</p> <p><b>Berkheimer Associates</b>  <b>Upper Merion Township</b>  <b>P O Box 25132</b>  <b>Lehigh, PA 18002</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:  <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.18	<p>Priority creditor's name and mailing address</p> <p><b>Berks Earned Income Tax Bureau</b>  <b>1125 Berkshire Blvd</b>  <b>Suite 115</b>  <b>Wyomissing, PA 19610</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:  <b>Earned Income Tax</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.19	<p>Priority creditor's name and mailing address</p> <p><b>Berks Earned Income Tax Bureau</b>  <b>1125 Berkshire Blvd</b>  <b>Suite 115</b>  <b>Wyomissing, PA 19610</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.20	<p>Priority creditor's name and mailing address</p> <p><b>Business Registration Division</b>  <b>Department of Commerce</b>  <b>and Consumer Affairs</b>  <b>PO Box 40</b>  <b>Honolulu, HI 96810</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.21	<p>Priority creditor's name and mailing address</p> <p><b>California Department of</b>  <b>Tax and Fee Administration</b>  <b>PO Box 942879</b>  <b>Sacramento, CA 94279-6001</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>6511</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Government Fees</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>\$1,303.97</b></p> <p><b>\$1,303.97</b></p>
2.22	<p>Priority creditor's name and mailing address</p> <p><b>California Employment</b>  <b>Development Dept</b>  <b>800 Capitol Mall</b>  <b>Sacramento, CA 95812</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor Name	Case number (if known)		
<b>Consumer Source Holdings LLC</b>	<b>20-10314</b>		
2.23	Priority creditor's name and mailing address <b>California Employment Development Dept. 800 Capitol Mall Sacramento, CA 95812</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.24	Priority creditor's name and mailing address <b>California Secretary of State 1500 11th Street Sacramento, CA 95814</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Secretary of State/Authority to do Business</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.25	Priority creditor's name and mailing address <b>Campbell County Fiscal Court Campbell County Fiscal Court PO Box 645245 Cincinnati, OH 45264-5245</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number <b>U500</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Income Taxes</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.26	Priority creditor's name and mailing address <b>Campbell County Fiscal Court Occupational License Office P O Box 72958 Newport, KY 41072-0958</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Occupational</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.27	Priority creditor's name and mailing address <b>Campbell County Occupational Tax Office</b> <b>Campbell County Fiscal Court</b> <b>PO Box 72958</b> <b>Newport, KY 41072-0958</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number <b>U500</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Income Taxes</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.28	Priority creditor's name and mailing address <b>Campbell County Payroll Tax Dept</b> <b>24 W Fourth Street</b> <b>Newport, KY 41072-0340</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.29	Priority creditor's name and mailing address <b>Central Collection Agency</b> <b>205 West St Claire</b> <b>Cleveland, OH 44113</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.30	Priority creditor's name and mailing address <b>City &amp; County of Broomfield</b> <b>City &amp; County of Broomfield</b> <b>Sales Tax Administration Division</b> <b>P.O. Box 407</b> <b>Broomfield, CO 80038-0407</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number <b>8150</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Sales/Use Taxes</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.31	<p>Priority creditor's name and mailing address</p> <p><b>City and County of Denver</b>  <b>Department of Finance</b>  <b>Treasury Division</b>  <b>PO Box 660860</b>  <b>Dallas, TX 75266-0860</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>0080</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>\$3.41</b></p> <hr/> <p><b>\$3.41</b></p> <hr/>
2.32	<p>Priority creditor's name and mailing address</p> <p><b>City of Arvada, Colorado</b>  <b>City of Arvada, Tax &amp; Audit Division</b>  <b>8101 Ralston Road</b>  <b>Arvada, CO 80002</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>8150</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <hr/> <p><b>Unknown</b></p> <hr/>
2.33	<p>Priority creditor's name and mailing address</p> <p><b>City of Aurora Tax &amp; Licensing Division</b>  <b>P O Box 33001</b>  <b>Aurora, CO 80016</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Occupational Privilege</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <hr/> <p><b>Unknown</b></p> <hr/>
2.34	<p>Priority creditor's name and mailing address</p> <p><b>City of Aurora, Colorado</b>  <b>City of Aurora CO</b>  <b>15151 E. Alameda Pkwy, Suite 1100</b>  <b>Aurora, CO 80012-1555</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>0001</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>\$0.47</b></p> <hr/> <p><b>\$0.47</b></p> <hr/>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.35	<p>Priority creditor's name and mailing address</p> <p><b>City of Beaverton</b>  <b>City of Beaverton</b>  <b>12725 SW Millikan Way</b>  <b>2nd Floor</b>  <b>Beaverton, OR 97005</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>8357</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Government Fees</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.36	<p>Priority creditor's name and mailing address</p> <p><b>City of Chandler, Arizona</b>  <b>City of Chandler</b>  <b>P.O. Box 4008</b>  <b>Chandler, AZ 85244-4008</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Government Fees</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.37	<p>Priority creditor's name and mailing address</p> <p><b>City of Chicago</b>  <b>Chicago Department of Revenue</b>  <b>333 S. State Street, Room 300,</b>  <b>DePaul Ce</b>  <b>Chicago, IL 60604-3982</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>9149</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Personal Property Lease/Rental Transaction Tax</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>\$1.14</b></p> <p><b>\$1.14</b></p>
2.38	<p>Priority creditor's name and mailing address</p> <p><b>City of Colorado Springs,</b>  <b>Colorado</b>  <b>City of Colorado Springs,</b>  <b>Department</b>  <b>PO Box 2408</b>  <b>Denver, CO 80256-0001</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>1400</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.39	<p>Priority creditor's name and mailing address</p> <p><b>City of Colorado Springs, Colorado Department PO Box 2408 Denver, CO 80256-0001</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>1100</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.40	<p>Priority creditor's name and mailing address</p> <p><b>City of Columbus Employer Withholding Tax P O Box 182489 Columbus, OH 43218-2489</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>City Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.41	<p>Priority creditor's name and mailing address</p> <p><b>City of Englewood, Colorado City of Englewood PO Box 2900, Sales Tax Englewood, CO 80150-2900</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>4712</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.42	<p>Priority creditor's name and mailing address</p> <p><b>City of Glendale, Arizona City of Glendale 5850 W. Glendale Ave. Glendale, AZ 85301</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>4037</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Government Fees</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>



Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.43	<p>Priority creditor's name and mailing address</p> <p><b>City of Huntsville</b>  <b>City Clerk-Treasurer</b>  <b>PO Box 308</b>  <b>Huntsville, AL 35804-0308</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>3905</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Government Fees</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.44	<p>Priority creditor's name and mailing address</p> <p><b>City of Lakewood, Colorado</b>  <b>City of Lakewood, Revenue Division</b>  <b>480 S. Allison Parkway</b>  <b>Lakewood, CO 80226</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>2SLS</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.45	<p>Priority creditor's name and mailing address</p> <p><b>City of Pelham, Alabama</b>  <b>City of Pelham</b>  <b>P.O. Box 1419</b>  <b>Pelham, AL 35124</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Government Fees</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.46	<p>Priority creditor's name and mailing address</p> <p><b>City of Phoenix</b>  <b>City of Phoenix</b>  <b>City Treasurer</b>  <b>P.O. Box 2005</b>  <b>Phoenix, AZ 85001-2005</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.47	<p>Priority creditor's name and mailing address</p> <p><b>City of Pueblo</b>  <b>City of Pueblo</b>  <b>P.O. Box 1427</b>  <b>Pueblo, CO 81002</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>8150</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.48	<p>Priority creditor's name and mailing address</p> <p><b>City of San Diego, California</b>  <b>Office of the City Treasurer</b>  <b>PO Box 121536</b>  <b>San Diego, CA 92112-1536</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>5152</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:  <b>Government Fees</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.49	<p>Priority creditor's name and mailing address</p> <p><b>City of Thornton, Colorado</b>  <b>City of Thornton</b>  <b>P.O. Box 910222</b>  <b>Denver, CO 80291-0222</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>0464</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>\$3.66</b></p> <p><b>\$3.66</b></p>
2.50	<p>Priority creditor's name and mailing address</p> <p><b>City of Tucson, Arizona</b>  <b>City of Tucson License Section</b>  <b>PO Box 27210</b>  <b>Tucson, AZ 85726-7210</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>2249</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:  <b>Government Fees</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor Name	Case number (if known)		
<b>Consumer Source Holdings LLC</b>	<b>20-10314</b>		
<b>2.51</b> Priority creditor's name and mailing address <b>Colorado Department of Revenue</b> <b>State Capitol Annex</b> <b>1375 Sherman Street</b> <b>Denver, CO 80261</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Withholding</b>		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.52</b> Priority creditor's name and mailing address <b>Colorado Secretary of State</b> <b>1700 Broadway, Ste 200</b> <b>Denver, CO 80290</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Secretary of State/Authority to do Business</b>		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.53</b> Priority creditor's name and mailing address <b>Comptroller of Maryland</b> <b>Revenue Administration Division</b> <b>PO Box 17405</b> <b>Baltimore, MD 21297-1405</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Sales/Use Taxes</b>		
Last 4 digits of account number <b>2320</b>	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.54</b> Priority creditor's name and mailing address <b>Connecticut Department of</b> <b>Revenue Services</b> <b>PO Box 5030</b> <b>Hartford, CT 06102-5030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Sales/Use Taxes</b>		
Last 4 digits of account number <b>9001</b>	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)		
<b>Consumer Source Holdings LLC</b>	<b>20-10314</b>		
2.55 Priority creditor's name and mailing address <b>Connecticut Dept of Revenue Services</b> <b>25 Sigourney Street</b> <b>Hartford, CT 06106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.56 Priority creditor's name and mailing address <b>Connecticut Secretary of State</b> <b>30 Trinity Street</b> <b>Hartford, CT 06106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Secretary of State/Authority to do Business</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.57 Priority creditor's name and mailing address <b>Conshohocken Boro Withholding</b> <b>Berkheimer Associates</b> <b>P O Box25132</b> <b>LeHigh Valley, PA 18002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.58 Priority creditor's name and mailing address <b>Cumberland County Tax Bureau</b> <b>East Pennsboro LST</b> <b>21 Waterford DR, Suite 201</b> <b>Mechanicsburg, PA 17050-8268</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Local Services Tax</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.59	<p>Priority creditor's name and mailing address</p> <p><b>Cumberland County Tax Bureau</b>  <b>Cumberland County Withholding</b>  <b>21 Waterford DR, Suite 201</b>  <b>Mechanicsburg, PA 17050-8268</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.60	<p>Priority creditor's name and mailing address</p> <p><b>Delaware Division of Revenue</b>  <b>820 N French Street</b>  <b>Wilmington, DE 19899-8995</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.61	<p>Priority creditor's name and mailing address</p> <p><b>Department of Consumer &amp; Regulatory Affairs</b>  <b>1100 4th Street SW</b>  <b>Washington, DC 20024</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.62	<p>Priority creditor's name and mailing address</p> <p><b>Department of Finance</b>  <b>P O Box 660859</b>  <b>Dallas, TX 75266-0859</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Occupational</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC <small>Name</small>	Case number (if known)	20-10314
2.63	Priority creditor's name and mailing address <b>District of Columbia Office of Tax and Revenue 300 Indiana Ave NW Washington, DC 20001</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.64	Priority creditor's name and mailing address <b>Division of Corporations PO Box 898 Dover, DE 19903</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Secretary of State/Authority to do Business</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.65	Priority creditor's name and mailing address <b>Division of Corporations 401 Federal Street, Suite Dover, DE 19901</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Secretary of State/Authority to do Business</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.66	Priority creditor's name and mailing address <b>Division of Revenue P O Box 14058 P O Box 14058 Lexington, KY 40512</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Occupational</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.67	<p>Priority creditor's name and mailing address</p> <p><b>Division of Revenue</b>  <b>800 N French ST</b>  <b>Wilmington, DE 19801</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.68	<p>Priority creditor's name and mailing address</p> <p><b>Florida Department of Revenue</b>  <b>5050 W. Tennessee St.</b>  <b>Tallahassee, FL 32399-0120</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>8407</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.69	<p>Priority creditor's name and mailing address</p> <p><b>Florida Department of Revenue</b>  <b>Florida Department of Revenue</b>  <b>5050 W. Tennessee St.</b>  <b>Tallahassee, FL 32399-0120</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>9357</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.70	<p>Priority creditor's name and mailing address</p> <p><b>Florida Department of State</b>  <b>2415 N. Monroe Street, Suite 810</b>  <b>Tallahassee, FL 32303</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor Name	Case number (if known)		
<b>Consumer Source Holdings LLC</b>	<b>20-10314</b>		
<b>2.71</b> Priority creditor's name and mailing address <b>Franklin County Area Tax Bureau</b> <b>443 Stanley Ave</b> <b>Chambersburg, PA 17201-3600</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Withholding</b>		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.72</b> Priority creditor's name and mailing address <b>Georgia Dept of Labor</b> <b>148 International Blvd</b> <b>NE Sussex Place</b> <b>Atlanta, GA 30303-1715</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Withholding</b>		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.73</b> Priority creditor's name and mailing address <b>Idaho State Tax Commission</b> <b>800 Park Plaza IV</b> <b>P O Box 36</b> <b>Boise, ID 83722-2301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Withholding</b>		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.74</b> Priority creditor's name and mailing address <b>Illinois Department of Revenue</b> <b>101 W Jefferson Street</b> <b>Springfield, IL 62708</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Withholding</b>		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.75	Priority creditor's name and mailing address <b>Illinois Department of Revenue Retailers Occupation Tax Springfield, IL 62796-0001</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number <b>4436</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Sales/Use Taxes</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.76	Priority creditor's name and mailing address <b>Illinois Department of Revenue P.O. Box 19013 Springfield, IL 62794-9013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Sales/Use Taxes</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.77	Priority creditor's name and mailing address <b>Illinois Secretary of State 213 State Capitol Springfield, IL 62756</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Secretary of State/Authority to do Business</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.78	Priority creditor's name and mailing address <b>Income Tax Division 4343 Cooper Road Blue Ash, OH 45242-5699</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.79	<p>Priority creditor's name and mailing address</p> <p><b>Indiana Department of Revenue</b>  <b>Indiana Department of Revenue</b>  <b>Re: Sales &amp; Use Tax</b>  <b>P.O. Box 7218</b>  <b>Indianapolis, IN 46207-7218</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>3003</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.80	<p>Priority creditor's name and mailing address</p> <p><b>Indiana Dept of Revenue</b>  <b>Withholding Tax Section -Logan Bldg</b>  <b>5150 Decatur Blvd</b>  <b>Indianapolis, IN 46241</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.81	<p>Priority creditor's name and mailing address</p> <p><b>Indiana Secretary of State</b>  <b>200 W Washington Street, #201</b>  <b>Indianapolis, IN 46204</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.82	<p>Priority creditor's name and mailing address</p> <p><b>Iowa Department of Revenue</b>  <b>Sales/Use Tax Processing</b>  <b>P.O. Box 10412</b>  <b>Des Moines, IA 50306-0412</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>3601</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor Name	Case number (if known)		
<b>Consumer Source Holdings LLC</b>	<b>20-10314</b>		
<b>2.83</b> Priority creditor's name and mailing address <b>Jordan Tax Service Inc</b> <b>102 Rahway DR</b> <b>McMurray, PA 15317-3349</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Withholding</b>		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.84</b> Priority creditor's name and mailing address <b>Kansas City</b> <b>Finance Dept., Revenue Division</b> <b>414 E 12th Street</b> <b>Kansas City, MO 64106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>City Withholding</b>		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.85</b> Priority creditor's name and mailing address <b>Kansas Department of Revenue</b> <b>Kansas Department of Revenue</b> <b>PO Box 3506</b> <b>Topeka, KS 66601-3506</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Sales/Use Taxes</b>		
Last 4 digits of account number <b>0F01</b>	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.86</b> Priority creditor's name and mailing address <b>Kansas Department of Revenue</b> <b>Div of Taxation</b> <b>915 SW Harrison ST., 3rd Floor</b> <b>Docking State Office Building</b> <b>Topeka, KS 66625-0001</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Withholding</b>		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.87	<p>Priority creditor's name and mailing address</p> <p><b>Kansas Secretary of State Memorial Hall, First Floor 120 S.W. 10th Ave. Topeka, KS 66612-1594</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.88	<p>Priority creditor's name and mailing address</p> <p><b>Kenton County Fiscal Court Kenton County, Fiscal Court PO Box 706237 Cincinnati, OH 45270</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>8500</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Income Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.89	<p>Priority creditor's name and mailing address</p> <p><b>Kenton County Fiscal Court Kenton County, Fiscal Court PO Box 792 Covington, KY 41012</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>8500</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Income Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.90	<p>Priority creditor's name and mailing address</p> <p><b>Kenton County Fiscal Court 303 Court Street Room 311 Covington, KY 41011</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.91	Priority creditor's name and mailing address <b>Kenton County Fiscal Court (Erlanger) P O Box 706237 Cincinnati, OH 45270</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.92	Priority creditor's name and mailing address <b>Kenton County Fiscal Court (Fort Wright) P O Box 706237 Cincinnati, OH 45270</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.93	Priority creditor's name and mailing address <b>Kenton County Fiscal Court (Kenton City) P O Box 706237 Cincinnati, OH 45270</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.94	Priority creditor's name and mailing address <b>Kentucky Department of Revenue Division of Sales and Use Tax, Station 6 PO Box 181 Frankfort, KY 40602-0181</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number <b>8901</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Sales/Use Taxes</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.95	<p>Priority creditor's name and mailing address</p> <p><b>Kentucky Revenue Cabinet</b>  <b>Tax Policy Section</b>  <b>Capital Annex Building</b>  <b>Frankfort, KY</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.96	<p>Priority creditor's name and mailing address</p> <p><b>Kentucky Secretary of State</b>  <b>700 Capital Avenue Suite 152</b>  <b>State Capitol</b>  <b>Frankfort, KY 40601</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.97	<p>Priority creditor's name and mailing address</p> <p><b>Keystone Collections Group</b>  <b>Keystone Collections Group</b>  <b>546 Wendel RD</b>  <b>Irwin, PA 15642-4582</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Local Services Tax</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.98	<p>Priority creditor's name and mailing address</p> <p><b>Keystone Collections Group</b>  <b>Keystone Collections Group</b>  <b>546 Wendel RD</b>  <b>Irwin, PA 15642-4582</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Local Services Tax</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC Name	Case number (if known)	20-10314
2.99	Priority creditor's name and mailing address <b>Keystone Collections Group</b> <b>Keystone Collections Group</b> <b>546 Wendel RD</b> <b>Irwin, PA 15642-4582</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Local Services Tax</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.100	Priority creditor's name and mailing address <b>Keystone Collections Group</b> <b>Keystone Collections Group</b> <b>546 Wendel RD</b> <b>Irwin, PA 15642-4582</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Local Services Tax</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.101	Priority creditor's name and mailing address <b>Keystone Collections Group</b> <b>Keystone Collections Group</b> <b>546 Wendel RD</b> <b>Irwin, PA 15642-4582</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Occupational</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.102	Priority creditor's name and mailing address <b>Keystone Collections Group</b> <b>Keystone Collections Group</b> <b>546 Wendel RD</b> <b>Irwin, PA 15642-4582</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.103	Priority creditor's name and mailing address <b>Keystone Collections Group</b> <b>Keystone Collections Group</b> <b>546 Wendel RD</b> <b>Irwin, PA 15642-4582</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.104	Priority creditor's name and mailing address <b>Keystone Collections Group</b> <b>Keystone Collections Group</b> <b>546 Wendel RD</b> <b>Irwin, PA 15642-4582</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.105	Priority creditor's name and mailing address <b>Keystone Collections Group</b> <b>Keystone Collections Group</b> <b>546 Wendel RD</b> <b>Irwin, PA 15642-4582</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.106	Priority creditor's name and mailing address <b>Keystone Collections Group</b> <b>Keystone Collections Group</b> <b>546 Wendel RD</b> <b>Irwin, PA 15642-4582</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor Name	Case number (if known)		
<b>Consumer Source Holdings LLC</b>	<b>20-10314</b>		
<div>2.107</div> <div>Priority creditor's name and mailing address</div> <div><b>Keystone Collections Group</b> <b>Keystone Collections Group</b> <b>546 Wendel RD</b> <b>Irwin, PA 15642-4582</b></div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</div>	<div>As of the petition filing date, the claim is:</div> <div><i>Check all that apply.</i></div> <div><input checked="" type="checkbox"/> Contingent</div> <div><input checked="" type="checkbox"/> Unliquidated</div> <div><input checked="" type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div><b>Withholding</b></div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<b>Unknown</b>	<b>Unknown</b>
<div>2.108</div> <div>Priority creditor's name and mailing address</div> <div><b>Keystone Collections Group</b> <b>546 Wendel RD</b> <b>Irwin, PA 15642-4582</b></div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</div>	<div>As of the petition filing date, the claim is:</div> <div><i>Check all that apply.</i></div> <div><input checked="" type="checkbox"/> Contingent</div> <div><input checked="" type="checkbox"/> Unliquidated</div> <div><input checked="" type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div><b>Withholding</b></div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<b>Unknown</b>	<b>Unknown</b>
<div>2.109</div> <div>Priority creditor's name and mailing address</div> <div><b>Keystone Collections Group</b> <b>Keystone Collections Group</b> <b>546 Wendel RD</b> <b>Irwin, PA 15642-4582</b></div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</div>	<div>As of the petition filing date, the claim is:</div> <div><i>Check all that apply.</i></div> <div><input checked="" type="checkbox"/> Contingent</div> <div><input checked="" type="checkbox"/> Unliquidated</div> <div><input checked="" type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div><b>Withholding</b></div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<b>Unknown</b>	<b>Unknown</b>
<div>2.110</div> <div>Priority creditor's name and mailing address</div> <div><b>Louisiana Dept of Revenue and Taxation</b> <b>330 Ardenwood</b> <b>P O Box 201</b> <b>Baton Rouge, LA 70821-0201</b></div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</div>	<div>As of the petition filing date, the claim is:</div> <div><i>Check all that apply.</i></div> <div><input checked="" type="checkbox"/> Contingent</div> <div><input checked="" type="checkbox"/> Unliquidated</div> <div><input checked="" type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div><b>Withholding</b></div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<b>Unknown</b>	<b>Unknown</b>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.111	<p>Priority creditor's name and mailing address</p> <p><b>Louisiana Secretary of State</b>  <b>PO Box 94125</b>  <b>Baton Rouge, LA 70804-9125</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Secretary of State/Authority to do Business</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.112	<p>Priority creditor's name and mailing address</p> <p><b>Louisville / Jefferson Revenue Commission</b>  <b>Louisville Withholding</b>  <b>617 W Jefferson St Suite 2</b>  <b>Louisville, KY 40202-2767</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Withholding</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.113	<p>Priority creditor's name and mailing address</p> <p><b>Louisville / Jefferson Revenue Commission</b>  <b>Jefferson County Withholding</b>  <b>617 W Jefferson St. Suite 2</b>  <b>Louisville, KY 40202-2767</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Withholding</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.114	<p>Priority creditor's name and mailing address</p> <p><b>Louisville / Jefferson Revenue Commission, Jefferson County School District Withholding</b>  <b>617 W Jefferson St. Suite 2</b>  <b>Louisville, KY 40202-2767</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Withholding</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.115	<p>Priority creditor's name and mailing address</p> <p><b>Lower Moreland TWP Berkheimer Associates P O Box 25132 Lehigh Valley, PA 18002</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.116	<p>Priority creditor's name and mailing address</p> <p><b>Madison County Sales Tax Department Madison County Sales Tax Department 100 Northside Square Huntsville, AL 35801</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>8150</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.117	<p>Priority creditor's name and mailing address</p> <p><b>Maine Department of Revenue 510 Commerce DR Augusta, ME 04330</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.118	<p>Priority creditor's name and mailing address</p> <p><b>Maryland Department of Assessments and Taxation 301 W Preston St. Baltimore, MD 21201</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>4546</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Property Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.119	<p>Priority creditor's name and mailing address</p> <p><b>Maryland Revenue Administration</b>  <b>Division</b>  <b>State Income Tax Building</b>  <b>100 Carroll Street</b>  <b>Annapolis, MD 21411</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Withholding</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.120	<p>Priority creditor's name and mailing address</p> <p><b>Maryland Secretary of State</b>  <b>16 Francis St # 1,</b>  <b>Annapolis, MD 21401</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.121	<p>Priority creditor's name and mailing address</p> <p><b>Massachusetts Department of Revenue</b>  <b>Massachusetts Department of Revenue</b>  <b>P.O. Box 419257</b>  <b>Boston, MA 02241-9257</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>1006</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>\$31.49</b></p> <p><b>\$31.49</b></p>
2.122	<p>Priority creditor's name and mailing address</p> <p><b>Massachusetts Department of Revenue</b>  <b>200 Arlington St</b>  <b>Chelsea, MA 02150</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Withholding</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.123	<p>Priority creditor's name and mailing address</p> <p><b>Michigan Department of Labor &amp; Economic Growth, Department of Licensing and Regulatory Affairs, LARA, Corporations Division, P.O. Box 30054 Lansing, MI 48909</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Secretary of State/Authority to do Business</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.124	<p>Priority creditor's name and mailing address</p> <p><b>Michigan Department of Treasury Treasury Building 430 W Allegan Lansing, MI 48933</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Withholding</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.125	<p>Priority creditor's name and mailing address</p> <p><b>Minnesota Department of Economic Securit 390 North Robert Street Saint Paul, MN 55101</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Withholding</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.126	<p>Priority creditor's name and mailing address</p> <p><b>Minnesota Department of Revenue MW 5555 P O Box 66117 10 River Park Plaza Saint Paul, MN 55166-0005</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Withholding</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.127	<p>Priority creditor's name and mailing address</p> <p><b>Minnesota Department of Revenue</b>  <b>Minnesota Department of Revenue</b>  <b>Mail Station 6330</b>  <b>600 N. Robert Street</b>  <b>St. Paul, MN 55146-6330</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>9892</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <hr/> <p><b>Unknown</b></p> <hr/>
2.128	<p>Priority creditor's name and mailing address</p> <p><b>Minnesota Secretary of State</b>  <b>60 Empire Dr #100</b>  <b>St Paul, MN 55103</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <hr/> <p><b>Unknown</b></p> <hr/>
2.129	<p>Priority creditor's name and mailing address</p> <p><b>Mississippi Department of Revenue</b>  <b>Mississippi Department of Revenue</b>  <b>P.O. Box 960</b>  <b>Jackson, MS 39205-0960</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <hr/> <p><b>Unknown</b></p> <hr/>
2.130	<p>Priority creditor's name and mailing address</p> <p><b>Mississippi Secretary of State</b>  <b>125 South Congress Street</b>  <b>Jackson, MS 39202</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <hr/> <p><b>Unknown</b></p> <hr/>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.131	<p>Priority creditor's name and mailing address</p> <p><b>Mississippi State Tax Commission</b>  <b>Income Tax Division</b>  <b>P O Box 1033</b>  <b>Jackson, MS 39205</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.132	<p>Priority creditor's name and mailing address</p> <p><b>Missouri Department of Revenue</b>  <b>Missouri Department of Revenue,</b>  <b>Taxation</b>  <b>PO Box 840</b>  <b>Jefferson City, MO 65105-0840</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>7130</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.133	<p>Priority creditor's name and mailing address</p> <p><b>Missouri Department of Revenue</b>  <b>Withholding Tax Section</b>  <b>Truman State Office Building</b>  <b>Jefferson City, MO 65105-3333</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.134	<p>Priority creditor's name and mailing address</p> <p><b>Missouri Secretary of State,</b>  <b>Corporation</b>  <b>PO Box 778</b>  <b>Jefferson, MO 65102</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.135	<p>Priority creditor's name and mailing address</p> <p><b>Montana Secretary of State</b>  <b>Montana Capitol Building, Rm 260</b>  <b>P.O. Box 202801</b>  <b>Helena, MT 59620-2801</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.136	<p>Priority creditor's name and mailing address</p> <p><b>Nebraska Department of Revenue</b>  <b>Nebraska Department of Revenue</b>  <b>P.O. Box 98923</b>  <b>Lincoln, NE 68509-8923</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>8271</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.137	<p>Priority creditor's name and mailing address</p> <p><b>Nebraska Department of Revenue</b>  <b>State Office Building</b>  <b>P O Box 94818</b>  <b>Lincoln, NE 68509-4818</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.138	<p>Priority creditor's name and mailing address</p> <p><b>Nebraska Secretary of State</b>  <b>P.O. Box 94608</b>  <b>Lincoln, NE 68509-4608</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>



Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.139	<p>Priority creditor's name and mailing address</p> <p><b>Nevada Department of Taxation</b>  <b>Attention: Commerce Tax Remittance</b>  <b>PO Box 51180</b>  <b>Los Angeles, CA 90051-5480</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>2023</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Franchise Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.140	<p>Priority creditor's name and mailing address</p> <p><b>Nevada Secretary of State</b>  <b>Nevada State Capitol Building</b>  <b>101 North Carson Street, Suite 3</b>  <b>Carson, NV 89701</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.141	<p>Priority creditor's name and mailing address</p> <p><b>New Hampshire Secretary of State</b>  <b>Corporations Divisions</b>  <b>107 North Main Street</b>  <b>Concord, NH 03301-4989</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.142	<p>Priority creditor's name and mailing address</p> <p><b>New Jersey Dept of Treasury</b>  <b>Division of Taxation</b>  <b>50 Barrack ST CN 240</b>  <b>Trenton, NJ 08646</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.143	<p>Priority creditor's name and mailing address</p> <p><b>New Jersey Division of Revenue</b>  <b>PO Box 308</b>  <b>Trenton, NJ 08625</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:  <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.144	<p>Priority creditor's name and mailing address</p> <p><b>New Jersey Division of Taxation</b>  <b>New Jersey Division of Taxation</b>  <b>P.O. Box 999</b>  <b>Trenton, NJ 08646-0999</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>0000</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.145	<p>Priority creditor's name and mailing address</p> <p><b>New Mexico Corporations Division</b>  <b>325 Don Gaspar Suite 300</b>  <b>Santa, NM 87501</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:  <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.146	<p>Priority creditor's name and mailing address</p> <p><b>New Mexico Department of Workforce Solutions</b>  <b>P O Box 1928</b>  <b>Albuquerque, NM 87103</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:  <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.147	<p>Priority creditor's name and mailing address</p> <p><b>New Mexico Taxation and Revenue Department</b>  <b>PO Box 25128</b>  <b>Santa Fe, NM 87504-5128</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>5009</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>\$1,843.37</b></p> <p><b>\$1,843.37</b></p>
2.148	<p>Priority creditor's name and mailing address</p> <p><b>New York Department of State Division of Corporations</b>  <b>One Commerce Plaza</b>  <b>99 Washington Ave</b>  <b>Albany, NY 12231</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.149	<p>Priority creditor's name and mailing address</p> <p><b>New York State Sales Tax NYS Sales Tax Processing</b>  <b>PO Box 15168</b>  <b>Albany, NY 12212-5168</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>8150</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>\$2,248.73</b></p> <p><b>\$2,248.73</b></p>
2.150	<p>Priority creditor's name and mailing address</p> <p><b>North Carolina Department of Revenue</b>  <b>North Carolina Department of Revenue</b>  <b>PO Box 25000</b>  <b>Raleigh, NC 27640-0640</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>0957</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor Name	Case number (if known)		
<b>Consumer Source Holdings LLC</b>	<b>20-10314</b>		
<b>2.151</b> Priority creditor's name and mailing address <b>North Carolina Department of Revenue</b> <b>P O Box 25000</b> <b>Raleigh, NC 27640-0045</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Withholding</b>		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.152</b> Priority creditor's name and mailing address <b>North Carolina Secretary of State</b> <b>PO Box 29622</b> <b>Raleigh, NC 27626-0622</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Secretary of State/Authority to do Business</b>		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.153</b> Priority creditor's name and mailing address <b>North Dakota State Tax Commission</b> <b>State Capitol</b> <b>Bismarck, ND 58505</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Withholding</b>		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.154</b> Priority creditor's name and mailing address <b>NYS Employment Taxes</b> <b>P O Box 4119</b> <b>Binghamton, NY 13902-4119</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim: <b>Withholding</b>		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)		
<b>Consumer Source Holdings LLC</b>	<b>20-10314</b>		
<div>2.155</div> <div>Priority creditor's name and mailing address</div> <div><b>Office of Georgia Secretary of State</b></div> <div><b>214 State Capitol</b></div> <div><b>Atlanta, GA 30334</b></div>	<div>As of the petition filing date, the claim is:</div> <div><i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div>	<b>Unknown</b>	<b>Unknown</b>
<div>Date or dates debt was incurred</div>	<div>Basis for the claim:</div> <div><b>Secretary of State/Authority to do Business</b></div>		
<div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</div>	<div>Is the claim subject to offset?</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>		
<div>2.156</div> <div>Priority creditor's name and mailing address</div> <div><b>Office of the Secretary of State of Wisconsin</b></div> <div><b>B41W State Capitol</b></div> <div><b>Madison, WI 53703</b></div>	<div>As of the petition filing date, the claim is:</div> <div><i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div>	<b>Unknown</b>	<b>Unknown</b>
<div>Date or dates debt was incurred</div>	<div>Basis for the claim:</div> <div><b>Secretary of State/Authority to do Business</b></div>		
<div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</div>	<div>Is the claim subject to offset?</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>		
<div>2.157</div> <div>Priority creditor's name and mailing address</div> <div><b>Office of the Secretary of State</b></div> <div><b>1700 W Washington St Fl 7</b></div> <div><b>Phoenix, AZ 85007-2808</b></div>	<div>As of the petition filing date, the claim is:</div> <div><i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div>	<b>Unknown</b>	<b>Unknown</b>
<div>Date or dates debt was incurred</div>	<div>Basis for the claim:</div> <div><b>Secretary of State/Authority to do Business</b></div>		
<div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</div>	<div>Is the claim subject to offset?</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>		
<div>2.158</div> <div>Priority creditor's name and mailing address</div> <div><b>Office of the Secretary of State</b></div> <div><b>PO Box 83720</b></div> <div><b>Boise, ID 83720-0080</b></div>	<div>As of the petition filing date, the claim is:</div> <div><i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div>	<b>Unknown</b>	<b>Unknown</b>
<div>Date or dates debt was incurred</div>	<div>Basis for the claim:</div> <div><b>Secretary of State/Authority to do Business</b></div>		
<div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</div>	<div>Is the claim subject to offset?</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>		

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.159	<p>Priority creditor's name and mailing address</p> <p><b>Office of the Secretary of State</b>  <b>Iowa State Capitol, 1007 E Grand Ave #10</b>  <b>Des Moines, IA 50319</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.160	<p>Priority creditor's name and mailing address</p> <p><b>Ohio Business Tax Division</b>  <b>Business Tax Division</b>  <b>Attention: Steve Russell</b>  <b>4485 Northland Ridge Blvd.</b>  <b>Columbus, OH 43229</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>0467</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Sales Tax</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.161	<p>Priority creditor's name and mailing address</p> <p><b>Ohio Business Tax Division</b>  <b>Business Tax Division</b>  <b>Attention: Steve Russell</b>  <b>4485 Northland Ridge Blvd.</b>  <b>Columbus, OH 43229</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>7750</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Use Tax</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.162	<p>Priority creditor's name and mailing address</p> <p><b>Ohio Department of Taxation</b>  <b>Attention: Business Compliance Division</b>  <b>P.O. Box 2678</b>  <b>Columbus, OH 43216-2678</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>0467</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Sales Tax</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>\$365.73</b></p> <p><b>\$365.73</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.163	<p>Priority creditor's name and mailing address</p> <p><b>Ohio Department of Taxation</b>  <b>Attention: Business Compliance Division</b>  <b>P.O. Box 2678</b>  <b>Columbus, OH 43216-2678</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>7750</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Use Tax</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.164	<p>Priority creditor's name and mailing address</p> <p><b>Ohio Department of Taxation</b>  <b>Ohio Department of Taxation</b>  <b>PO Box 16560</b>  <b>Columbus, OH 43216-6560</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>7750</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Use Tax</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.165	<p>Priority creditor's name and mailing address</p> <p><b>Ohio Department of Taxation</b>  <b>Income Tax Division</b>  <b>P O Box 2476</b>  <b>Columbus, OH 43266-0076</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.166	<p>Priority creditor's name and mailing address</p> <p><b>Ohio School District</b>  <b>Department of Taxation</b>  <b>P O Box 182388</b>  <b>Columbus, OH 43218-2388</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Payroll Tax</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.167	<p>Priority creditor's name and mailing address</p> <p><b>Ohio Secretary of State</b>  <b>22 N 4th St</b>  <b>Columbus, OH 43215</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.168	<p>Priority creditor's name and mailing address</p> <p><b>Oklahoma Secretary of State</b>  <b>421 NW 13th St, Suite 210</b>  <b>Oklahoma, OK 73103</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.169	<p>Priority creditor's name and mailing address</p> <p><b>Oklahoma Tax Commission</b>  <b>Oklahoma Tax Commission</b>  <b>P.O. Box 26850</b>  <b>Oklahoma City, OK 73126-0850</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>7503</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.170	<p>Priority creditor's name and mailing address</p> <p><b>Oklahoma Tax Commission</b>  <b>Withholding Tax Division</b>  <b>Oklahoma City, OK 73194</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>



Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.171	<p>Priority creditor's name and mailing address</p> <p><b>Oregon Dept of Revenue</b>  <b>Box 14800</b>  <b>Salem, OR 97309-0920</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.172	<p>Priority creditor's name and mailing address</p> <p><b>Oregon Office of the Secretary of State</b>  <b>Public Service Building, Suite 151</b>  <b>255 Capitol Street NE</b>  <b>Salem, OR 97310</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.173	<p>Priority creditor's name and mailing address</p> <p><b>Pelham County, Alabama</b>  <b>City of Pelham</b>  <b>P.O. Box 1238</b>  <b>Pelham, AL 35124</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.174	<p>Priority creditor's name and mailing address</p> <p><b>Pennsylvania Department of Revenue</b>  <b>Bureau of Accounts Settlement</b>  <b>Harrisburg, PA 17127</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.175	<p>Priority creditor's name and mailing address</p> <p><b>Pennsylvania Department of Revenue</b>  <b>Pennsylvania Department of Revenue</b>  <b>P.O. Box 280905</b>  <b>Harrisburg, PA 17128-0905</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <b>4673</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>\$2,098.85</b></p> <p><b>\$2,098.85</b></p>
2.176	<p>Priority creditor's name and mailing address</p> <p><b>Pennsylvania Secretary of State</b>  <b>Bureau of Corporations and Charitable Organization</b>  <b>401 North Street</b>  <b>Harrisburg, PA 17120</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.177	<p>Priority creditor's name and mailing address</p> <p><b>Philadelphia Dept of Revenue</b>  <b>Mini Svc - Concourse Level</b>  <b>1401 JFK Blvd, Incoming Mail</b>  <b>Philadelphia, PA 19102</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Withholding</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.178	<p>Priority creditor's name and mailing address</p> <p><b>Regional Income Tax Agency</b>  <b>Gahanna City</b>  <b>10107 Brecksville RD</b>  <b>Brecksville, OH 44141-0800</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>City Withholding</b></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor Name	Case number (if known)		
<b>Consumer Source Holdings LLC</b>	<b>20-10314</b>		
<b>2.179</b> Priority creditor's name and mailing address <b>Regional Income Tax Agency</b> <b>Haskin Village</b> <b>10107 Brecksville RD</b> <b>Brecksville, OH 44141-0800</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>City Withholding</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.180</b> Priority creditor's name and mailing address <b>Regional Income Tax Agency</b> <b>Solon City</b> <b>10107 Brecksville RD</b> <b>Brecksville, OH 44141-0800</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>City Withholding</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.181</b> Priority creditor's name and mailing address <b>Regional Income Tax Agency</b> <b>Upper Arlington City</b> <b>10107 Brecksville RD</b> <b>Brecksville, OH 44141-0800</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>City Withholding</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.182</b> Priority creditor's name and mailing address <b>Rhode Island Division of Taxation</b> <b>State of Rhode Island and Providence Pla</b> <b>Division of Taxation - Dept #300</b> <b>PO Box 9706</b> <b>Providence, RI 02940-9706</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred  Last 4 digits of account number <b>8150</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Sales/Use Taxes</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.183	<p>Priority creditor's name and mailing address</p> <p><b>Rhode Island Division of Taxation</b>  <b>One Capitol Hill</b>  <b>Providence, RI 02908</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.184	<p>Priority creditor's name and mailing address</p> <p><b>Rhode Island Secretary of State</b>  <b>148 W River St</b>  <b>Providence, RI 02904</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.185	<p>Priority creditor's name and mailing address</p> <p><b>Santa Rosa County Tax Collector</b>  <b>Santa Rosa County Tax Collector</b>  <b>6495 Caroline Street, Ste E</b>  <b>Milton, FL 32570</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>8796</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Government Fees</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.186	<p>Priority creditor's name and mailing address</p> <p><b>Secretary of State</b>  <b>148 State House Station</b>  <b>Augusta, ME 04333-0148</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.187	<p>Priority creditor's name and mailing address</p> <p><b>Secretary of State</b>  <b>State of North Dakota</b>  <b>600 E Boulevard Avenue Dept 108</b>  <b>Bismarck, ND 58505-0500</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.188	<p>Priority creditor's name and mailing address</p> <p><b>Secretary of the Commonwealth of Massachusetts, Corporations Division</b>  <b>McCormack Building</b>  <b>One Ashburton Place, 17th floor</b>  <b>Boston, MA 02108</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.189	<p>Priority creditor's name and mailing address</p> <p><b>Shelby County, Alabama</b>  <b>Shelby County, Alabama</b>  <b>200 West College Street Room 115</b>  <b>Columbiana, AL 35051</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.190	<p>Priority creditor's name and mailing address</p> <p><b>South Carolina Department of Revenue and Taxation</b>  <b>Income Tax Division</b>  <b>P O Box 125</b>  <b>Columbia, SC 29214</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.191	<p>Priority creditor's name and mailing address</p> <p><b>South Carolina Department of Revenue</b>  <b>SC Department of Revenue</b>  <b>PO Box 100193</b>  <b>Columbia, SC 29202</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>2535</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>\$116.44</b></p> <hr/> <p><b>\$116.44</b></p> <hr/>
2.192	<p>Priority creditor's name and mailing address</p> <p><b>South Carolina Secretary of State</b>  <b>1205 Pendleton Street</b>  <b>Columbia, SC 29201</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <hr/> <p><b>Unknown</b></p> <hr/>
2.193	<p>Priority creditor's name and mailing address</p> <p><b>South Dakota Department of Revenue</b>  <b>Secretary of Revenue</b>  <b>Business Tax Division</b>  <b>445 East Capitol Avenue</b>  <b>Pierre, SD 57501</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>8150</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <hr/> <p><b>Unknown</b></p> <hr/>
2.194	<p>Priority creditor's name and mailing address</p> <p><b>South Dakota Secretary of State</b>  <b>500 East Capitol Avenue, Ste 204</b>  <b>Pierre, SD 57501-5070</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <hr/> <p><b>Unknown</b></p> <hr/>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.195	<p>Priority creditor's name and mailing address</p> <p><b>State of California Board of Equalization</b>  <b>State of California Board of Equalization</b>  <b>PO Box 942879</b>  <b>Sacramento, CA 94279-7071</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <b>3804</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.196	<p>Priority creditor's name and mailing address</p> <p><b>State of California Board of Equalization</b>  <b>State of California Board of Equalization</b>  <b>PO Box 942879</b>  <b>Sacramento, CA 94279-7071</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <b>1362</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.197	<p>Priority creditor's name and mailing address</p> <p><b>State of Georgia, Department of Revenue</b>  <b>Department of Revenue</b>  <b>PO Box 105408</b>  <b>Atlanta, GA 30348-5408</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <b>3248</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.198	<p>Priority creditor's name and mailing address</p> <p><b>State of Michigan</b>  <b>Michigan Department of Treasury</b>  <b>PO Box 30324</b>  <b>Lansing, MI 48909-7824</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <b>8150</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.199	<p>Priority creditor's name and mailing address</p> <p><b>State of Mississippi</b>  <b>State of Mississippi</b>  <b>P.O. Box 22808</b>  <b>Jackson, MS 39225-2808</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>8150</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.200	<p>Priority creditor's name and mailing address</p> <p><b>State of Nevada</b>  <b>State of Nevada Sales/Use</b>  <b>PO Box 7165</b>  <b>San Francisco, CA 94120-7165</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>2023</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.201	<p>Priority creditor's name and mailing address</p> <p><b>State of Nevada, Department of Taxation</b>  <b>State of Nevada, Department of Taxation</b>  <b>1550 College Parkway, Suite 115</b>  <b>Carson City, NV 89706</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>2023</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.202	<p>Priority creditor's name and mailing address</p> <p><b>Tax Collector</b>  <b>1528 Newton Ransom Blvd</b>  <b>Clarks Summit, PA 18411</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Local Services Tax</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>



Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.203	<p>Priority creditor's name and mailing address</p> <p><b>Tennessee Department of Revenue</b>  <b>Andrew Jackson State Office Building</b>  <b>500 Deaderick Street</b>  <b>Nashville, TN 37242</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>2SLC</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>\$199.14</b></p> <p><b>\$199.14</b></p>
2.204	<p>Priority creditor's name and mailing address</p> <p><b>Tennessee Department of State</b>  <b>312 Rosa L. Parks Avenue, 6th Floor</b>  <b>Nashville, TN 37243-1102</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.205	<p>Priority creditor's name and mailing address</p> <p><b>Texas Comptroller of Public Accounts</b>  <b>Comptroller of Public Accounts</b>  <b>PO Box 149355</b>  <b>Austin, TX 78714-9355</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>1504</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>\$1,596.07</b></p> <p><b>\$1,596.07</b></p>
2.206	<p>Priority creditor's name and mailing address</p> <p><b>Texas Secretary of State</b>  <b>PO Box 13697</b>  <b>Austin, TX 78711</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.207	<p>Priority creditor's name and mailing address</p> <p><b>Township of Lower Merion, Pennsylvania 75 East Lancaster Avenue Ardmore, PA 19003-2375</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>2590</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Government Fees</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.208	<p>Priority creditor's name and mailing address</p> <p><b>Treasurer, Township of Lower Merion Pennsylvania LST Tax Collector 75 E. Lancaster Ave Ardmore, PA 19003-2376</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>2590</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Income Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.209	<p>Priority creditor's name and mailing address</p> <p><b>Treasurer, Township of Lower Merion Finance Department 75 East Lancaster Avenue Ardmore, PA 19003-2376</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Privilege / Mercantile &amp; Local Services Tax</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.210	<p>Priority creditor's name and mailing address</p> <p><b>Tri State Financial Group LLC P O Box 38 Bridgeport, PA 19405</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: <b>Local Services Tax</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.211	<p>Priority creditor's name and mailing address</p> <p><b>Utah Department of Commerce</b>  <b>160 East 300 South</b>  <b>Salt Lake, UT 84111</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.212	<p>Priority creditor's name and mailing address</p> <p><b>Utah State Tax Commission</b>  <b>Utah State Tax Commission</b>  <b>210 N 1950 W</b>  <b>Salt Lake City, UT 84134-0400</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>2STC</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.213	<p>Priority creditor's name and mailing address</p> <p><b>Utah State Tax Commission</b>  <b>210 North 1950 West</b>  <b>Salt Lake City, UT 84134</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.214	<p>Priority creditor's name and mailing address</p> <p><b>Virginia Department of Taxation</b>  <b>Division of Income Tax</b>  <b>Withholding</b>  <b>P O Box 6-L</b>  <b>Richmond, VA 23282</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.215	<p>Priority creditor's name and mailing address</p> <p><b>Virginia State Corporation Commission</b>  <b>P.O. Box 1197</b>  <b>Richmond, VA 23218</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.216	<p>Priority creditor's name and mailing address</p> <p><b>Washington D.C. Office of Tax and Revenue</b>  <b>Office of Tax and Revenue</b>  <b>1101 4th Street SW, Suite W270</b>  <b>Washington, DC 20024</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number <b>3</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Sales/Use Taxes</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>\$102.81</b></p> <p><b>\$102.81</b></p>
2.217	<p>Priority creditor's name and mailing address</p> <p><b>Washington Employment Security Department</b>  <b>Employment Security Building</b>  <b>212 Maple Park Place</b>  <b>Olympia, WA 98504</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Withholding</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.218	<p>Priority creditor's name and mailing address</p> <p><b>Washington Secretary of State</b>  <b>801 Capitol Way S</b>  <b>Olympia, WA 98504</b></p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Secretary of State/Authority to do Business</b></p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor Name	Case number (if known)		
<b>Consumer Source Holdings LLC</b>	<b>20-10314</b>		
2.219 Priority creditor's name and mailing address <b>Washington State Department of Revenue</b> <b>Taxpayer Account Administration</b> <b>P.O. Box 47476</b> <b>Olympia, WA 98504-7476</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,993.17</b>	<b>\$1,993.17</b>
Date or dates debt was incurred  Last 4 digits of account number <b>6690</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Sales/Use Taxes</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.220 Priority creditor's name and mailing address <b>West Virginia Secretary of State Licensing Division</b> <b>1900 Kanawha Blvd. East</b> <b>Building 1, Suite 157-K</b> <b>Charleston, WV 25305-0770</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Secretary of State/Authority to do Business</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.221 Priority creditor's name and mailing address <b>West Virginia State Tax Department</b> <b>Tax Account Administration Division</b> <b>P.O. Box 1826</b> <b>Charleston, WV 25327-1826</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred  Last 4 digits of account number <b>8150</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Sales/Use Taxes</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.222 Priority creditor's name and mailing address <b>Wisconsin Department of Revenue</b> <b>Customer Service Bureau</b> <b>P.O. Box 8949</b> <b>Madison, WI 53708-8949</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred  Last 4 digits of account number <b>4303</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Sales/Use Taxes</b>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
2.223	Priority creditor's name and mailing address <b>Wisconsin Department of Revenue</b> <b>P O Box 8902</b> <b>Madison, WI 53708</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Withholding</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.224	Priority creditor's name and mailing address <b>Wyoming Secretary of State</b> <b>Herschler Building East</b> <b>122 W. 25th Street, Suite 100</b> <b>Cheyenne, WY 82002-0020</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Secretary of State/Authority to do Business</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>Aon Risk Services South, Inc.</b> <b>3550 Lenox Rd. NE, Suite 1700</b> <b>Atlanta, GA 30326</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Insurance</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.2	Nonpriority creditor's name and mailing address <b>AXA XL</b> <b>Brookfield Place</b> <b>200 Liberty Street, 22nd Floor</b> <b>New York, NY 10281</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Insurance</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.3	Nonpriority creditor's name and mailing address <b>Berkley Professional Liability</b> <b>757 Third Avenue, 10th Floor</b> <b>New York, NY 10017</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Insurance</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	Name	Case number (if known)	
	<b>Consumer Source Holdings LLC</b>	<b>20-10314</b>	
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>CAC Specialty</b> <b>3424 Peachtree Road NE, Suite 2200</b> <b>Atlanta, GA 30326</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Carlson Lynch Sweet Kilpela &amp; Carpenter</b> <b>1133 Penn Avenue, 5thFloor</b> <b>Pittsburgh, PA 15222</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Chubb ACE American Insurance Company</b> <b>1133 Avenue of the Americas, 32nd Floor</b> <b>New York, NY 10036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>CNA Atlanta Branch</b> <b>Glenridge Highlands</b> <b>5565 Glenridge Connector NE</b> <b>Atlanta, GA 30342</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Cobbs Allen Capital LLC</b> <b>115 Office Park Dr. Ste 200</b> <b>Birmingham, AL 35223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Dunn, Arnold, Ellwood &amp; Neal, LLP</b> <b>Attn: James A. Dunn</b> <b>1717 St James Place, Suite 500</b> <b>Houston, TX 77002</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Junaid Wajid</b> <b>12259 Mill Run Dr</b> <b>Frisco, TX 75035-0148</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	Consumer Source Holdings LLC	Case number (if known)	20-10314
Name			
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Mark Flanagan</b> <b>3800 Maple Ave #800</b> <b>Dallas, TX 75219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>National Fire Insurance of Hartford</b> <b>151 N. Franklin Street</b> <b>Chicago, IL 60606</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>National Union Fire Insurance Co of Pitt</b> <b>175 Water Street, 15th Floor</b> <b>New York, NY 10038</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Navigators Excess Casualty Division</b> <b>1150 Sanctuary Parkway</b> <b>Oak View III, Suite 410</b> <b>Alpharetta, GA 30009</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>The Hanover Insurance Company</b> <b>1000, 165 Abernathy Rd. NE L-1</b> <b>Atlanta, GA 30328</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>The Hanover Insurance Group, Inc.</b> <b>440 Lincoln Street</b> <b>Worcester, MA 01653-0002</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Walter Smith</b> <b>5502 N 37th Ave</b> <b>Phoenix, AZ 85019</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Workers Comp</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor **Consumer Source Holdings LLC**  
NameCase number (if known) **20-10314**

3.18 Nonpriority creditor's name and mailing address

**Yolanda Odom**  
**6555 Sugarloaf Pkwy**  
**No 307-151**  
**Duluth, GA 30097**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***Unknown**☒ Contingent☒ Unliquidated☐ DisputedBasis for the claim: **Workers Comp**Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the  
related creditor (if any) listed?Last 4 digits of  
account number, if  
any**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

## Total of claim amounts

5a. \$ **12,097.95**5b. + \$ **0.00**5c. \$ **12,097.95**

**Fill in this information to identify the case:**Debtor name **Consumer Source Holdings LLC**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **20-10314**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Fill in this information to identify the case:**Debtor name Consumer Source Holdings LLCUnited States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 20-10314☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 See Attached  
Schedule H**☐ D \_\_\_\_\_☐ E/F \_\_\_\_\_☐ G \_\_\_\_\_

First Lien Credit Agreement	
Role	Debtor
Borrower	RentPath, LLC
Guarantor	RentPath Holdings, Inc.
Guarantor	Consumer Source Holdings, LLC
Guarantor	Discover Home Network, LLC
Guarantor	Viva Group Brokerage, Inc.
Guarantor	Viva Group, LLC
Guarantor	Live Response Solutions Holdings, LLC
Guarantor	Live Response Solutions, LLC
Guarantor	Easy Media, LLC
Guarantor	Electronic Lead Management, Inc.
Guarantor	Electronic Lead Management MA, Inc.
Guarantor	Electronic Lead Management VA, Inc.

Second Lien Credit Agreement	
Role	Debtor
Borrower	RentPath, LLC
Guarantor	RentPath Holdings, Inc.
Guarantor	Consumer Source Holdings, LLC
Guarantor	Discover Home Network, LLC
Guarantor	Viva Group Brokerage, Inc.
Guarantor	Viva Group, LLC
Guarantor	Live Response Solutions Holdings, LLC
Guarantor	Live Response Solutions, LLC
Guarantor	Easy Media, LLC
Guarantor	Electronic Lead Management, Inc.
Guarantor	Electronic Lead Management MA, Inc.
Guarantor	Electronic Lead Management VA, Inc.

Interest Rate Swap - RBC	
Role	Debtor
Hedge Counterparty	RentPath, LLC
Guarantor	RentPath Holdings, Inc.
Guarantor	Consumer Source Holdings, LLC
Guarantor	Discover Home Network, LLC
Guarantor	Viva Group Brokerage, Inc.
Guarantor	Viva Group, LLC
Guarantor	Live Response Solutions Holdings, LLC
Guarantor	Live Response Solutions, LLC
Guarantor	Easy Media, LLC
Guarantor	Electronic Lead Management, Inc.
Guarantor	Electronic Lead Management MA, Inc.
Guarantor	Electronic Lead Management VA, Inc.

Interest Rate Swap - Nomura	
Role	Debtor
Hedge Counterparty	RentPath, LLC
Guarantor	RentPath Holdings, Inc.
Guarantor	Consumer Source Holdings, LLC
Guarantor	Discover Home Network, LLC
Guarantor	Viva Group Brokerage, Inc.
Guarantor	Viva Group, LLC
Guarantor	Live Response Solutions Holdings, LLC
Guarantor	Live Response Solutions, LLC
Guarantor	Easy Media, LLC
Guarantor	Electronic Lead Management, Inc.
Guarantor	Electronic Lead Management MA, Inc.
Guarantor	Electronic Lead Management VA, Inc.

**Fill in this information to identify the case:**Debtor name Consumer Source Holdings LLCUnited States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 20-10314☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 11, 2020**X /s/ Richard Martin**\_\_\_\_\_  
Signature of individual signing on behalf of debtor**Richard Martin**\_\_\_\_\_  
Printed name**Chief Financial Officer**\_\_\_\_\_  
Position or relationship to debtor